

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ▼

25 Massachusetts Ave, NW

Suite 600

☐ Check if different than previously reported. (ACC)

Washington

DC

20001

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00000422

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☒ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

06

01

2015

through

M M M /

D D D /

Y Y Y Y Y Y Y

06

30

2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Kevin Walker

Signature of Treasurer

Kevin Walker

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

07

14

2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
06 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2015</span>		<span style="border: 1px solid black; padding: 2px;">552464.38</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">860044.51</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">120315.19</span>	<span style="border: 1px solid black; padding: 2px;">692501.48</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">980359.70</span>	<span style="border: 1px solid black; padding: 2px;">1244965.86</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">51106.37</span>	<span style="border: 1px solid black; padding: 2px;">315712.53</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">929253.33</span>	<span style="border: 1px solid black; padding: 2px;">929253.33</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 06 / 01 / 2015

To:

 M M / D D / Y Y Y Y Y  
 06 / 30 / 2015
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

82218.88

387736.88

(ii) Unitemized .....

38089.97

299697.27

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

120308.85

687434.15

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

120308.85

687434.15

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

5000.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

6.34

67.33

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

120315.19

692501.48

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

120315.19

692501.48

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	2506.37	10222.53
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	2506.37	10222.53
22. Transfers to Affiliated/Other Party Committees.....	0.00	1690.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	48500.00	299700.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	100.00	4100.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	100.00	4100.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	51106.37	315712.53
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	51106.37	315712.53

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	120308.85	687434.15
34. Total Contribution Refunds (from Line 28(d)) .....	100.00	4100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	120208.85	683334.15
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	2506.37	10222.53
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	2506.37	10222.53

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 137

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Morton Eugene Sherman MD**

Mailing Address 14100 E Arapahoe Rd  
Ste 130

City State Zip Code  
Centennial CO 80112-4028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AURORA MEDICAL ASSOCIATES

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 02 / 2015

**Transaction ID : 66039158**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Julie Anne Hager MD**

Mailing Address 13105 Rustic Ridge Ave

City State Zip Code  
Oklahoma City OK 73142-7402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FUNNELL STREBEL & HAGER INC

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 05 / 2015

**Transaction ID : 66051675**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Craig Alvin Backs MD**

Mailing Address 2921 Greenbriar Dr  
Ste C

City State Zip Code  
Springfield IL 62704-6440

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ST JOHNS HOSPITAL

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 06 / 2015

**Transaction ID : 66237430**

Amount of Each Receipt this Period

41.66

**SUBTOTAL** of Receipts This Page (optional)..... ►

1041.66

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 137

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Spurgeon Wm Clark III MD**

Mailing Address 502 Isabella St

City	State	Zip Code
Waycross	GA	31501-3638

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 EMORY HEALTHCARE

 Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	06	/	2015

Transaction ID : 66237435

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Clifford K Moy MD**

Mailing Address 5657 Fairfax Dr

City	State	Zip Code
Frisco	TX	75034-5947

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 SELF-EMPLOYED

 Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	06	/	2015

Transaction ID : 66237465

Amount of Each Receipt this Period

149.96

Full Name (Last, First, Middle Initial)

**c. Kelly John Caverzagie MD**

 Mailing Address 986430 NE Med Center  
 Unmc Gen Int Medicine

City	State	Zip Code
Omaha	NE	68198-0001

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 HENRY FORD MEDICAL CENTER

 Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	06	/	2015

Transaction ID : 66237466

Amount of Each Receipt this Period

149.96

**SUBTOTAL** of Receipts This Page (optional)..... ►

383.25

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 137

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Frank G Dowling MD**

Mailing Address 1727 Veterans Hwy  
Ste 300

City	State	Zip Code
Islandia	NY	11749-1520

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SMITHTOWN PSYCHIATRIC SERVICES

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 06 / 2015

Transaction ID : 66237467

Amount of Each Receipt this Period

291.70

Full Name (Last, First, Middle Initial)

**B. Mrs. Nicole Lonetto**

Mailing Address 6470 Lake Meadow Drive

City	State	Zip Code
Burke	VA	22015-3927

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AMERICAN MEDICAL ASSOCIATION

Occupation

AMA Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

751.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 06 / 2015

Transaction ID : 66237468

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Jerry D McLaughlin II MD**

Mailing Address 809 Pinegrove Ln

City	State	Zip Code
Longview	TX	75604-2606

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 06 / 2015

Transaction ID : 66237469

Amount of Each Receipt this Period

249.99

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

791.69



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 137  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Brent W Mohr MD**

Mailing Address 211 N Eddy St

City

South Bend

State

IN

Zip Code

46617-2808

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SOUTH BEND CLINIC & SURGICENTER

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
06 / 06 / 2015

Transaction ID : 66237470

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Karen Lynn Connolly MD**

Mailing Address 306 E 96th St  
Apt 17F

City

New York

State

NY

Zip Code

10128-3844

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
06 / 06 / 2015

Transaction ID : 66237471

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Michael Sujan Sinha MD**

Mailing Address 251 Heath St  
Apt 510

City

Boston

State

MA

Zip Code

02130-1170

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BOSTON MEDICAL CENTER

Occupation

Resident

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
06 / 06 / 2015

Transaction ID : 66237472

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 137

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Luke Vail Selby MD**Mailing Address 475 Main St  
Apt 5R

City	State	Zip Code
New York	NY	10044-0088

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LI JEWISH HEALTH SYSTEM

Occupation

Resident

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	06	/	2015

**Transaction ID : 66237473**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Steve Young Lee MD**

Mailing Address 222 E 34th St Apt 731

City	State	Zip Code
New York	NY	10016-9835

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SPORTS AND ORTHOPEDIC SURGERY OF  
NY

Occupation

Resident

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	06	/	2015

**Transaction ID : 66237474**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Stephen Jay Rockower MD**Mailing Address 6000 Executive Blvd  
Ste 510

City	State	Zip Code
Rockville	MD	20852-3830

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	06	/	2015

**Transaction ID : 66237475**

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

900.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 11 OF 137  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Kira A Geraci-Ciardullo MD**

Mailing Address 135 Osborn Rd

City

Harrison

State

NY

Zip Code

10528-1017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	1	5

**Transaction ID : 66237476**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Cindy Firkins Smith MD**

Mailing Address 101 Willmar Ave SW

City

Willmar

State

MN

Zip Code

56201-3556

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNIVERSITY OF MINNESOTA PHYSICIANS

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	1	5

**Transaction ID : 66237477**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Thomas Harvey Hicks MD**

Mailing Address 6325 E Tanque Verde Rd

City

Tucson

State

AZ

Zip Code

85715-3808

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UROLOGICAL ASSOC OF SOUTHERN AZ PC

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	1	5

**Transaction ID : 66237478**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1500.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Loralie Dawn Ma MD**

Mailing Address 11605 Mirror Pond Ct

City  
Fulton

State  
MD

Zip Code  
20759-2305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ST. AGNES

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 06 / 2015

**Transaction ID : 66237479**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. James Clay Hays Jr MD**

Mailing Address 970 Lakeland Dr  
Ste 61

City  
Jackson

State  
MS

Zip Code  
39216-4634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JACKSON HEART CLINIC PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 06 / 2015

**Transaction ID : 66237480**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Walter Alan Harmon MD**

Mailing Address 1311 Heritage Manor Dr  
Unit 104

City  
Jacksonville

State  
FL

Zip Code  
32207-7628

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BORLAND GROOVER CLINIC ADMIN OFFICE

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 06 / 2015

**Transaction ID : 66237481**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

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 (check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Eldon S Robinson MD**

Mailing Address 2304 York Ave

City

Lubbock

State

TX

Zip Code

79407-2287

FEC ID number of contributing federal political committee.

C

Name of Employer

COVENANT HEALTH SYSTEM

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	06	/	2015

Transaction ID : 66237482

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Charles Michael Moss MD**

Mailing Address 47 Manor Dr

City

Ramsey

State

NJ

Zip Code

07446-1317

FEC ID number of contributing federal political committee.

C

Name of Employer

HACKENSACK HYPERBARIC MEDICINE

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	06	/	2015

Transaction ID : 66237483

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Courtland Gillett Lewis MD**
Mailing Address 85 Seymour St  
Ste 607

City

Hartford

State

CT

Zip Code

06106-5525

FEC ID number of contributing federal political committee.

C

Name of Employer

RADIOLOGY ASSOCIATES OF HARTFORD P

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	06	/	2015

Transaction ID : 66237484

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 137

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Edward Clein Tanner III MD**

Mailing Address 1445 Portland Ave Ste 210

City State Zip Code  
Rochester NY 14621-3008

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 06 / 2015

**Transaction ID : 66237485**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. William Robt Latreille MD**

Mailing Address 15444 State Route 30

City State Zip Code  
Constable NY 12926-3704

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 06 / 2015

**Transaction ID : 66237486**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Timothy Thos Flaherty MD**

Mailing Address 547 E Wisconsin Ave

City State Zip Code  
Neenah WI 54956-2966

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 06 / 2015

**Transaction ID : 66237487**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 137

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Christopher Eric Gribbin MD**

Mailing Address 163 Brookstone Dr

City State Zip Code  
 Princeton NJ 08540-2403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 06 / 2015

**Transaction ID : 66237488**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. E Rawson Griffin III MD**

Mailing Address 3110 Sea Marsh Rd

City State Zip Code  
 Fernandina FL 32034-5051

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 06 / 2015

**Transaction ID : 66237489**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Shastri Swaminathan MD**

Mailing Address 938 W Nelson St  
 Chicago Phys Assoc LLC

City State Zip Code  
 Chicago IL 60657-6704

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CHICAGO PHYSICIAN ASSOCIATES LLC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 06 / 2015

**Transaction ID : 66237490**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. James D Gifford MD**

Mailing Address PO Box I

City

Decatur

State

AL

Zip Code

35602-9009

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NEPHROLOGY OF NORTH ALABAMA

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 06 / 2015

Transaction ID : 66237491

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Kevin Thos Flaherty MD**

Mailing Address 800 N 1st St

City

Wausau

State

WI

Zip Code

54403-4754

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MARIAN HEALTH CARE

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 06 / 2015

Transaction ID : 66237492

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Sterling N Ransone Jr MD**

Mailing Address 151 Deer Path

PO Box 711

City

Cobbs Creek

State

VA

Zip Code

23035-2160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RIVERSIDE HEALTH SYSTEM

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 06 / 2015

Transaction ID : 66237493

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

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 (check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Scott Eric Shapiro MD**

Mailing Address 1555 Bardsey Dr

City

Lower Gwynedd

State

PA

Zip Code

19002-1546

FEC ID number of contributing federal political committee.

Name of Employer

ABINGTON MEDICAL SPECIALISTS

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	1	5

Transaction ID : 66237494

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**B. Joseph Harry Reichman MD**
Mailing Address 1 Riverview Plz  
Administration

City

Red Bank

State

NJ

Zip Code

07701-1864

FEC ID number of contributing federal political committee.

Name of Employer

RIVERVIEW MEDICAL CENTER

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	1	5

Transaction ID : 66237495

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**c. Joseph Alan Schwartz MD**
Mailing Address 1428 Phillips Ln  
Ste 102

City

San Luis Obispo

State

CA

Zip Code

93401-2564

FEC ID number of contributing federal political committee.

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	1	5

Transaction ID : 66237496

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 18 OF 137  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Mrs. Barbara Boom**

Mailing Address 1428 Phillips Ln  
Ste 102

City State Zip Code  
San Luis Obispo CA 93401-2564

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Physician Spouse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 06 / 2015

**Transaction ID : 66237497**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Richard Lee Stennes MD**

Mailing Address 2533 Calle Del Oro

City State Zip Code  
La Jolla CA 92037-2005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 06 / 2015

**Transaction ID : 66237498**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Charles Jos Hickey MD**

Mailing Address PO Box 97

City State Zip Code  
Mechanicsburg OH 43044-0097

FEC ID number of contributing  
federal political committee.

C

Name of Employer

COLUMBUS OPHTHALMOLOGY ASSOCIATE:

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 06 / 2015

**Transaction ID : 66237499**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Nita Madhukar Kulkarni MD**

Mailing Address 1170 Charter Dr

Ste F

City

State

Zip Code

Flint

MI

48532-3587

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

SELF-EMPLOYED

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 06 / 2015

Transaction ID : 66237500

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Edward Raymond Jones MD**

Mailing Address 10 E Moreland Ave

# 100

City

State

Zip Code

Philadelphia

PA

19118-3541

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

SELF-EMPLOYED

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 06 / 2015

Transaction ID : 66237501

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Maurice A Cerulli MD**

Mailing Address 24 Andover Rd

City

State

Zip Code

Rockville Ctr

NY

11570-1519

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

NORTH SHORE LIJ

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 06 / 2015

Transaction ID : 66237502

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 137

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Kevin Owen Garrett MD**

Mailing Address 2112 Legendary Ln

City Allison Park State PA Zip Code 15101-3308

FEC ID number of contributing federal political committee.

C

Name of Employer UNIVERSITY OF PITTSBURGH MEDICAL CEN  
Occupation Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 06 / 2015

Transaction ID : 66237503

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Ravi Desh Goel MD**

Mailing Address 741 Route 70 W  
Regional Eye Assocs

City Cherry Hill State NJ Zip Code 08002-3527

FEC ID number of contributing federal political committee.

C

Name of Employer REGIONAL EYE ASSOCIATES P A  
Occupation Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 06 / 2015

Transaction ID : 66237504

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Heather Ann Smith MD**

Mailing Address 175 E 96th St  
Apt PHF

City New York State NY Zip Code 10128-6200

FEC ID number of contributing federal political committee.

C

Name of Employer COMPREHENSIVE FAMILY CARE CENTER  
Occupation Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 06 / 2015

Transaction ID : 66237505

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Deepak Kumar MD**

Mailing Address 5932 Springboro Pike

Dayton Colon Rectal Center

City

Dayton

State

OH

Zip Code

45449-3250

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DAYTON COLON &amp; RECTAL CENTER INC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	06	/	2015

**Transaction ID : 66237506**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Krystal Lynne Tomei MD**

Mailing Address 5245 River Creek Rd

City

Lyndhurst

State

OH

Zip Code

44124-3762

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BARROW NEUROLOGICAL INSTITUTE

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	06	/	2015

**Transaction ID : 66237507**

Amount of Each Receipt this Period

833.35

Full Name (Last, First, Middle Initial)

**c. Chris John Dangles MD**

Mailing Address 1107 W University Ave

City

Champaign

State

IL

Zip Code

61821-3226

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARLE CLINIC ASSOCIATION

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	06	/	2015

**Transaction ID : 66237508**

Amount of Each Receipt this Period

900.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

2233.35

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Lucy Elizabeth Peterson MD**

Mailing Address 105 W 8th Ave  
Ste 500

City State Zip Code  
Spokane WA 99204-2300

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.02

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 06 / 2015

**Transaction ID : 66237509**

Amount of Each Receipt this Period

916.70

Full Name (Last, First, Middle Initial)

**B. Jacqueline Anne Bello MD**

Mailing Address 111 E 210th St

City State Zip Code  
Bronx NY 10467-2401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 06 / 2015

**Transaction ID : 66237510**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Bassam H Nasr MD**

Mailing Address 1231 Pine Grove Ave  
Ste 2A

City State Zip Code  
Port Huron MI 48060-3511

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PHYSICIAN HEALTHCARE NETWORK

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 06 / 2015

**Transaction ID : 66237511**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2916.70

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 137  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Daniel Hubbard Johnson Jr MD**

Mailing Address 3100 Clearview Pkwy

Clearview Medical Imaging

City

State

Zip Code

Metairie

LA

70006-5304

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

SELF-EMPLOYED

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 06 / 2015

**Transaction ID : 66237512**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Paul Anthony Wertsch MD**

Mailing Address 4221 Venetian Ln

City

State

Zip Code

Madison

WI

53718-6655

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

WILDWOOD FAMILY CLINIC

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 06 / 2015

**Transaction ID : 66237513**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Peter Wagner Carmel MD**

Mailing Address 90 Bergen St

Ste 8100

City

State

Zip Code

Newark

NJ

07103-2425

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

UMDNJ

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 06 / 2015

**Transaction ID : 66237514**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Joseph Martin Heyman MD**

Mailing Address 163 Middle St

City

West Newbury

State

MA

Zip Code

01985-1922

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	06	/	2015

**Transaction ID : 66237515**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Patricia Louise Austin MD**

Mailing Address 1270 Arroyo Way

City

Walnut Creek

State

CA

Zip Code

94596-4216

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	06	/	2015

**Transaction ID : 66237516**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. William Chas Sternfeld MD**Mailing Address 4235 Secor Rd  
Bldg 1

City

Toledo

State

OH

Zip Code

43623-4231

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TOLEDO CLINIC

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2015

**Transaction ID : 66237523**

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional)..... ►

3583.33

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 25 OF 137  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Prateek Sharma MD**Mailing Address 85 Marlborough St  
Apt 7

City	State	Zip Code
Boston	MA	02116-2050

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BOSTON MEDICAL CENTER

Occupation

Resident

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.15

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	07	/	2015

**Transaction ID : 66237536**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**B. Peter Alan Schwartz MD**

Mailing Address 2009 Regency Dr

City	State	Zip Code
Reading	PA	19610-2712

FEC ID number of contributing  
federal political committee.

C

Name of Employer

READING HEALTH SYSTEM

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	07	/	2015

**Transaction ID : 66237538**

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**C. Neil Hurst Brooks MD**

Mailing Address 36 Duncaster Ln

City	State	Zip Code
Vernon Rockvl	CT	06066-4830

FEC ID number of contributing  
federal political committee.

C

Name of Employer

VERNON MANOR HEALTHCARE

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	07	/	2015

**Transaction ID : 66237539**

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

925.00

**TOTAL** This Period (last page this line number only)..... ►

X	11a		11b		11c		12		
	13		14		15		16		17

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

416.66

500.00

500.00

[illegible]

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 137

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Nancy C Fan MD**

Mailing Address 1806 N Van Buren St

Women To Women Ob/Gyn Center Ste 2

City

Wilmington

State

DE

Zip Code

19802-3851

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ST. FRANCIS HEALTHCARE

Occupation

Physician

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 06 / 07 / 2015

Transaction ID : 66237543

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. Christopher Khoury**

Mailing Address 511 Philadelphia

City

Takoma Park

State

MD

Zip Code

20912-4113

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AMERICAN MEDICAL ASSOCIATION

Occupation

AMA Executive

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 06 / 07 / 2015

Transaction ID : 66237544

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Elie Azrak MD**

Mailing Address 1 Memorial Dr

Ste 102

City

Alton

State

IL

Zip Code

62002-6722

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ST LOUIS CARDIOLOGY CONSULTANTS

Occupation

Physician

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 06 / 07 / 2015

Transaction ID : 66237545

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 137

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. David Olswells Griffith MD**Mailing Address 45 S Stanfield Rd  
Ste 101

City	State	Zip Code
Troy	OH	45373-2366

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RADIOLOGY PHYSICIANS INCOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	07	/	2015

**Transaction ID : 66237546**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Jayesh B Shah MD**

Mailing Address PO Box 780764

City	State	Zip Code
San Antonio	TX	78278-0764

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SOUTH TEXAS WOUND ASSOCIATES PAOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	07	/	2015

**Transaction ID : 66237547**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Bollepalli Subbarao MD**Mailing Address 213 Court St Ste 1000  
Advanced Behavioral Health

City	State	Zip Code
Middletown	CT	06457-3367

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MIDDLESEX HOSPITALOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	07	/	2015

**Transaction ID : 66237548**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1500.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 OF 137

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Richard Robt Ellison MD**

Mailing Address 726 White Tail Ridge Dr

City

Fairlawn

State

OH

Zip Code

44333-3290

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SUMMIT OPHTHALMOLOGY

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	7		2	0	1	5		

**Transaction ID : 66237549**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. Loran Jeremy Slaughter**

Mailing Address 623 SW 10th Ave

City

Topeka

State

KS

Zip Code

66612-1627

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KANSAS MEDICAL SOCIETY

Occupation

Executive Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	7		2	0	1	5		

**Transaction ID : 66237550**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Bruce Melvyn Smoller MD**Mailing Address 5530 Wisconsin Ave  
Ste 806

City

Chevy Chase

State

MD

Zip Code

20815-4401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	7		2	0	1	5		

**Transaction ID : 66237551**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

2000.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 30 OF 137

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Sue Levey Bornstein MD**

Mailing Address 3111 Beverly Dr

City	State	Zip Code
Dallas	TX	75205-2922

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2015

Transaction ID : 66237552

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Suzanne Marie Kavic MD**

Mailing Address 1S260 Summit Ave

City	State	Zip Code
Oakbrook Terrace	IL	60181-3941

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2015

Transaction ID : 66237553

Amount of Each Receipt this Period

1250.02

Full Name (Last, First, Middle Initial)

**C. Tilden L Childs III MD**

Mailing Address 2421 Colonial Pkwy

City	State	Zip Code
Fort Worth	TX	76109-1032

FEC ID number of contributing federal political committee.

C

Name of Employer

RADIOLOGY ASSOCIATES OF TARRANT COI

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	09	/	2015

Transaction ID : 66237644

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2450.02

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 31 OF 137  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. John Torbet Gill MD**

Mailing Address 8230 Walnut Hill Ln Ste 708

City	State	Zip Code
Dallas	TX	75231-4431

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WENATCHEE VALLEY MEDICAL CENTEROccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	09	/	2015

Transaction ID : 66237645

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Kamala A Ghaey MD**

Mailing Address 4655 N Elston Ave

City	State	Zip Code
Chicago	IL	60630-4216

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PRESENCE SAINT JOSEPH HOSPITALOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	09	/	2015

Transaction ID : 66237646

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. David A Downs Jr MD**

Mailing Address 10400 E Alameda Ave

City	State	Zip Code
Denver	CO	80247-5104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	09	/	2015

Transaction ID : 66237647

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1250.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Anthony Jos Armstrong MD**Mailing Address 3425 Executive Pkwy  
Ste 200

City	State	Zip Code
Toledo	OH	43606-1326

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WESTFIELD OB GYN ASSOCIATES

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	09	/	2015

**Transaction ID : 66237648**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Wesley Dean Vander Ark MD**Mailing Address 425 N 21st St  
Ste 301

City	State	Zip Code
Camp Hill	PA	17011-2223

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ENT SURGERY GROUP

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	09	/	2015

**Transaction ID : 66237649**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Michael Andrew Zimmer MD**

Mailing Address 509 Jackson St N

City	State	Zip Code
St Petersburg	FL	33705-1477

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	09	/	2015

**Transaction ID : 66237650**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1500.00

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Randal L Dabbs MD**Mailing Address 265 Brookview Centre Way  
Ste 400

City	State	Zip Code
Knoxville	TN	37919-4052

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TEAMHEALTH MIDSOUTH

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2015

Transaction ID : 66245843

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Laura Anne Dean MD**

Mailing Address 14 Highway 96 E

City	State	Zip Code
White Bear Lk	MN	55110-1408

FEC ID number of contributing  
federal political committee.

C

Name of Employer

STILLWATER MEDICAL GROUP PA-CURVE

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2015

Transaction ID : 66245847

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Cheryl Gibson Fountain MD**

Mailing Address 1219 Lakepointe St

City	State	Zip Code
Grosse Pointe	MI	48230-1011

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2015

Transaction ID : 66245852

Amount of Each Receipt this Period

249.99

SUBTOTAL of Receipts This Page (optional)..... ►

749.99

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. John Edward Hill MD**

Mailing Address 1376 Country Wood Cv

City

Tupelo

State

MS

Zip Code

38801-8459

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 12 / 2015

Transaction ID : 66245865

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mrs. Kathleen Johns**

Mailing Address 920 Bambi Drive

City

Destin

State

FL

Zip Code

32541-1833

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Physician Spouse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 12 / 2015

Transaction ID : 66245871

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Allison Lynn Jones MD**

Mailing Address 310 E Holmes St

City

Urbana

State

IL

Zip Code

61801-6732

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 12 / 2015

Transaction ID : 66245872

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 137

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. John Wesley Jones MD**

Mailing Address PO Box 87388

City State Zip Code  
 Fayetteville NC 28304-7388

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 CAPE FEAR CENTER FOR DIGESTIVE DISEA Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 12 / 2015

**Transaction ID : 66245873**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Marshall L Meadors III MD**

Mailing Address 2000 E Greenville St Ste 1600

City State Zip Code  
 Anderson SC 29621-1719

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 PRIMARY CARE ASSOCIATES PC Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 12 / 2015

**Transaction ID : 66245890**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. William Hall Mohr MD**

Mailing Address 1755 W Walnut St

City State Zip Code  
 Kokomo IN 46901-4209

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 AMERICAN HEALTH NETWORK OF INDIANA Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 12 / 2015

**Transaction ID : 66245894**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Thomas Fortson Neal Jr MD**

Mailing Address 217 Quail Valley Dr

City

Leesburg

State

GA

Zip Code

31763-4396

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PHOEBE CANCER CENTER

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 12 / 2015

Transaction ID : 66245897

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Malcolm Douglas Reid MD**

Mailing Address 1000 10th Ave Ste 3B-20  
St Lukes Roosevelt Hosp

City

New York

State

NY

Zip Code

10019-1147

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ST. LUKE'S ROOSEVELT HOSPITAL

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 12 / 2015

Transaction ID : 66245906

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mrs. Jo W. Terry**

Mailing Address 1428 Kensington Drive

City

Knoxville

State

TN

Zip Code

37922-6038

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Physician Spouse

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 12 / 2015

Transaction ID : 66245921

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. John Jos Wernert III MD**

Mailing Address 1776 Summerlakes Ct

City

Carmel

State

IN

Zip Code

46032-9679

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	12	/	2015

**Transaction ID : 66245936**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Morton Eugene Sherman MD**Mailing Address 14100 E Arapahoe Rd  
Ste 130

City

Centennial

State

CO

Zip Code

80112-4028

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AURORA MEDICAL ASSOCIATES

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	12	/	2015

**Transaction ID : 66246423**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**c. Steven Gary Tolber MD**Mailing Address 4901 Lang Ave NE  
Ste 100

City

Albuquerque

State

NM

Zip Code

87109-4495

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PRESBYTERIAN HOSPITAL

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	12	/	2015

**Transaction ID : 66246449**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Gerald Lee Buchanan MD**

Mailing Address 2081 Scenic Dr

City

N Muskegon

State

MI

Zip Code

49445-9662

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EMERGENCY PHYSICIANS MEDICAL GROUP

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 12 / 2015

Transaction ID : 66246452

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Daniel Joseph Heinemann MD**

Mailing Address 1305 W 18th St  
Sanford Health

City

Sioux Falls

State

SD

Zip Code

57105-0401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SANFORD HEALTH

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 12 / 2015

Transaction ID : 66246465

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. Michael Tutty**

Mailing Address 20126 West Old Meadow Trail

City

Long Grove

State

IL

Zip Code

60047-3354

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AMERICAN MEDICAL ASSOCIATION

Occupation

AMA Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.04

Date of Receipt

06 / 12 / 2015

Transaction ID : 66246478

Amount of Each Receipt this Period

250.04

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.04

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Tripti Caday Kataria MD**

Mailing Address 130 S Canal St Apt 419

City State Zip Code  
Chicago IL 60606-3904

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
UNIVERSITY OF CHICAGO MEDICAL CENTE Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 17 2015

Transaction ID : 66287934

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Linda Werner MD**

Mailing Address 360 W Katmai Ave

City State Zip Code  
Soldotna AK 99669-7315

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
NORTHREACH HEALTHCARE Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y Y  
06 21 2015

Transaction ID : 66313170

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**C. Mark Mandabach MD**

Mailing Address 619 19th St S  
UAB Dept of Anesthesiology

City State Zip Code  
Birmingham AL 35249-1900

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
UAHSF PSYCHIATRY Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y Y  
06 21 2015

Transaction ID : 66313171

Amount of Each Receipt this Period

41.66

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

583.32

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Timothy Michael Beittel MD**

Mailing Address 702 Wildwood Rd

City

Aberdeen

State

NC

Zip Code

28315-2132

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ACT MEDICAL GROUP PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		21		2015

**Transaction ID : 66313172**

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Paul Erik Houmann MD**

Mailing Address 3 Kershaw Ct

City

Greenville

State

SC

Zip Code

29607-5986

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		21		2015

**Transaction ID : 66313174**

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**c. Kevin Christopher Reilly Sr MD**

Mailing Address 108 Deer Grove Ct

City

Elizabethtown

State

KY

Zip Code

42701-6986

FEC ID number of contributing  
federal political committee.

C

Name of Employer

US ARMY

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		21		2015

**Transaction ID : 66313175**

Amount of Each Receipt this Period

41.66

**SUBTOTAL** of Receipts This Page (optional)..... ►

124.98

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Lance Allen Talmage MD**

Mailing Address 45 Exmoor

City

Ottawa Hills

State

OH

Zip Code

43615-2174

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PROMEDICA PHYSICIAN GROUP

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 21 / 2015

Transaction ID : 66313177

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. William Wells Simmons MD**

Mailing Address 5204 Box Turtle Cir

City

Sarasota

State

FL

Zip Code

34232-4311

FEC ID number of contributing  
federal political committee.

C

Name of Employer

US NAVY

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 21 / 2015

Transaction ID : 66313179

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**c. Spurgeon Wm Clark III MD**

Mailing Address 502 Isabella St

City

Waycross

State

GA

Zip Code

31501-3638

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EMORY HEALTHCARE

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 21 / 2015

Transaction ID : 66313180

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

166.65

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Terrance Wm Breen MD**

Mailing Address 5451 Coral Reef Ave

City

La Jolla

State

CA

Zip Code

92037-7027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ASMG

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

06 / 21 / 2015

Transaction ID : 66313181

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Leon Harvey Chandler Jr MD**

Mailing Address 4100 Lake Otis Pkwy  
Ste 216

City

Anchorage

State

AK

Zip Code

99508-5230

FEC ID number of contributing  
federal political committee.

C

Name of Employer

A A SPECIALTY HEALTH CLINIC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

06 / 21 / 2015

Transaction ID : 66313182

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**c. Christopher Peter Poje MD**

Mailing Address 3580 Sheridan Dr  
Ste 115

City

Amherst

State

NY

Zip Code

14226-1647

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PEDIATRIC ENT ASSOCIATES

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

06 / 21 / 2015

Transaction ID : 66313183

Amount of Each Receipt this Period

41.66

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

124.98

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 OF 137  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Charles Joseph Nivens MD**

Mailing Address PO Box 3828

City State Zip Code  
 Bluffton SC 29910-3828

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TENET EAST COOPER SPINE

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.62

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 21 / 2015

**Transaction ID : 66313184**

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Damon Michael Dietrich MD**

Mailing Address 229 English Turn Dr

City State Zip Code  
 New Orleans LA 70131-3348

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WEST JEFFERSON PHYSICIAN SERVICES

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 21 / 2015

**Transaction ID : 66313185**

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**C. James Albert Corwin MD**

Mailing Address 4516 Robin Ln

City State Zip Code  
 Midland TX 79707-2219

FEC ID number of contributing  
federal political committee.

C

Name of Employer

US ONCOLOGY

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 21 / 2015

**Transaction ID : 66313186**

Amount of Each Receipt this Period

41.66

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

124.98

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 OF 137

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Juan Francisco Fitz MD**

Mailing Address 6003 84th St

City

Lubbock

State

TX

Zip Code

79424-3686

FEC ID number of contributing  
federal political committee.

C

Name of Employer

COVENANT MEDICAL GROUP ADMINISTRAT

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

06 / 21 / 2015

Transaction ID : 66313187

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Dennis Lee Galinsky MD**

Mailing Address 55 E Erie St  
Apt 1905

City

Chicago

State

IL

Zip Code

60611-2248

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NOMC MACNEAL RADIATION THERAPY

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

06 / 21 / 2015

Transaction ID : 66313191

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**C. Erick Allen Eiting MD**

Mailing Address 1111 S Grand Ave  
Apt 805

City

Los Angeles

State

CA

Zip Code

90015-2768

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JACOBI MEDICAL CENTER

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

06 / 21 / 2015

Transaction ID : 66313193

Amount of Each Receipt this Period

41.66

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

124.98

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Jason Michael Goldman MD**Mailing Address 3001 Coral Hills Dr  
Ste 340

City	State	Zip Code
Coral Springs	FL	33065-4172

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2015

**Transaction ID : 66313194**

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Gregory Laurence Heacock MD**Mailing Address 2002 Medical Pkwy  
Ste 230

City	State	Zip Code
Annapolis	MD	21401-3282

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ANNAPOLIS ENT

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2015

**Transaction ID : 66313195**

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**C. Joydeep Som MD**

Mailing Address 2002 Medical Pkwy Ste 230

City	State	Zip Code
Annapolis	MD	21401-3282

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2015

**Transaction ID : 66313196**

Amount of Each Receipt this Period

41.66

**SUBTOTAL** of Receipts This Page (optional)..... ►

124.98

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 46 OF 137  
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Harold A Woodcome Jr MD**

Mailing Address 690 Eddy St

Retina Consultants

City

Providence

State

RI

Zip Code

02903-4928

FEC ID number of contributing  
federal political committee.

Name of Employer

RETINA CONSULTANTS, INC

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	1		2	0	1	5		

Transaction ID : 66313197

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**B. Theodore A Calianos II MD**

Mailing Address 151 Whitmar Rd

City

Cotuit

State

MA

Zip Code

02635-2931

FEC ID number of contributing  
federal political committee.

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	1		2	0	1	5		

Transaction ID : 66313198

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C. Erich Bryan Groos Jr MD**

Mailing Address 2400 Patterson St

Ste 201

City

Nashville

State

TN

Zip Code

37203-1587

FEC ID number of contributing  
federal political committee.

Name of Employer

CORNEA CONSULTANTS OF NASHVILLE PLLC

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	1		2	0	1	5		

Transaction ID : 66313199

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Michael Allan Sandler MD**

Mailing Address 4270 Barcroft Way

City

Orchard Lake

State

MI

Zip Code

48323-1804

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HENRY FORD MEDICAL CENTER

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	1		2	0	1	5

**Transaction ID : 66313200**

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Samantha Leona Rosman MD**Mailing Address 39 Danforth St  
Apt 2

City

Jamaica Plain

State

MA

Zip Code

02130-1847

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BOSTON MEDICAL CENTER

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	1		2	0	1	5

**Transaction ID : 66313201**

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**C. David Glen Morrell MD**

Mailing Address 2121 N 1700 W

City

Layton

State

UT

Zip Code

84041-8803

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	1		2	0	1	5

**Transaction ID : 66313203**

Amount of Each Receipt this Period

41.66

**SUBTOTAL** of Receipts This Page (optional)..... ►

124.98

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

<p>Full Name (Last, First, Middle Initial)  <b>A. Charles Frederick Willson MD</b></p> <p>Mailing Address 600 Moye Blvd          Brody 3E139 Dept Peds</p> <p>City Greenville State NC Zip Code 27834-4300</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer EAST CAROLINA UNIV PHYSICIANS Occupation Physician</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼          249.96</p>		<p>Date of Receipt          M M / D D / Y Y Y Y Y          06 / 21 / 2015  <b>Transaction ID : 66313204</b></p> <p>Amount of Each Receipt this Period          41.66</p>
<p>Full Name (Last, First, Middle Initial)  <b>B. Howard Bradley Chodash MD</b></p> <p>Mailing Address 3804 Indian Lands Ln</p> <p>City Springfield State IL Zip Code 62711-8214</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer HEALTHCARE NETWORK ASSOCIATES Occupation Physician</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼          249.96</p>		<p>Date of Receipt          M M / D D / Y Y Y Y Y          06 / 21 / 2015  <b>Transaction ID : 66313206</b></p> <p>Amount of Each Receipt this Period          41.66</p>
<p>Full Name (Last, First, Middle Initial)  <b>c. Marcy L Zwelling MD</b></p> <p>Mailing Address 3771 Katella Ave          Ste 108</p> <p>City Los Alamitos State CA Zip Code 90720-3111</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer SELF-EMPLOYED Occupation Physician</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼          249.96</p>		<p>Date of Receipt          M M / D D / Y Y Y Y Y          06 / 21 / 2015  <b>Transaction ID : 66313207</b></p> <p>Amount of Each Receipt this Period          41.66</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		124.98
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 49 OF 137  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Scott Robert Hannum DO**

Mailing Address 6554 Lake Burden View Dr

City

Windermere

State

FL

Zip Code

34786-5652

FEC ID number of contributing  
federal political committee.

C

Name of Employer

VASCULAR CLINIC

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

291.62

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	21	/	2015

**Transaction ID : 66313208**

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Peter Michael Daloni MD**

Mailing Address 2400 Highland Rd

City

Hermitage

State

PA

Zip Code

16148-2868

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	21	/	2015

**Transaction ID : 66313209**

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**C. Thomas Edward Daglish MD**

Mailing Address 311 W Noble Ave

City

Visalia

State

CA

Zip Code

93277-2669

FEC ID number of contributing  
federal political committee.

C

Name of Employer

VISALIA FAMILY PRACTICE MEDICAL GROU

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	21	/	2015

**Transaction ID : 66313210**

Amount of Each Receipt this Period

41.66

**SUBTOTAL** of Receipts This Page (optional)..... ►

124.98

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 OF 137

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. William Alan Handelman MD**

Mailing Address 780 Litchfield St Ste 200

City State Zip Code  
Torrington CT 06790-6268

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NEPHROLOGY ASSOC

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

06 / 21 / 2015

Transaction ID : 66313211

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. John Weeks Culclasure MD**

Mailing Address 1510 Demonbreun St  
Apt 1208

City State Zip Code  
Nashville TN 37203-3198

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOWELL ALLEN CLINIC

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

06 / 21 / 2015

Transaction ID : 66313212

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**C. Michael Vest DO**

Mailing Address 13 Wineberry Dr

City State Zip Code  
Hockessin DE 19707-2124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
YALE UNIVERSITY

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

06 / 21 / 2015

Transaction ID : 66313213

Amount of Each Receipt this Period

41.66

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

124.98

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 51 OF 137  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Maryanne C Bombaugh MD**

Mailing Address 81 Clowes Dr

City  
FalmouthState  
MAZip Code  
02540-2333FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.63

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		21		2015

**Transaction ID : 66313214**

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Gary Lewis Woods MD**

Mailing Address 12 Evangelyn Dr

City  
BowState  
NHZip Code  
03304-4921FEC ID number of contributing  
federal political committee.

C

Name of Employer

CONCORD ORTHOPAEDICS PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		21		2015

**Transaction ID : 66313215**

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**C. Kenneth Ian Barron MD**

Mailing Address 1126 Washington Ave

City  
Winter ParkState  
FLZip Code  
32789-5657FEC ID number of contributing  
federal political committee.

C

Name of Employer

TRUESDALE OBGYN

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		21		2015

**Transaction ID : 66313216**

Amount of Each Receipt this Period

41.66

**SUBTOTAL** of Receipts This Page (optional)..... ►

124.98

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 52 OF 137

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Christopher James Conlin MD**

Mailing Address 6590 Andersonville Rd

City

Clarkston

State

MI

Zip Code

48346-2794

FEC ID number of contributing federal political committee.

C

Name of Employer

DRA FLINT PC

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	1		2	0	1	5

Transaction ID : 66313217

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. John Albert Kazmierowski MD**
Mailing Address 2415 NE 134th St  
Ste 301

City

Vancouver

State

WA

Zip Code

98686-3029

FEC ID number of contributing federal political committee.

C

Name of Employer

ALLERGY ASTHMA &amp; DERMATOLOGY

Occupation

Physician

ASSOC PC  
Receipt For:
☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	1		2	0	1	5

Transaction ID : 66313218

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**C. Brian Andrew Mc Donald MD**

Mailing Address 9 Gloria Ln

City

Schenectady

State

NY

Zip Code

12309-1158

FEC ID number of contributing federal political committee.

C

Name of Employer

SPCCA

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	1		2	0	1	5

Transaction ID : 66313220

Amount of Each Receipt this Period

41.66

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

124.98

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 OF 137

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Charles F Pattavina MD**

Mailing Address 360 Broadway

St Joseph Hospital

City

Bangor

State

ME

Zip Code

04401-3979

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ST. JOSEPH HEALTH CARE

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

06 / 21 / 2015

Transaction ID : 66313221

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Joseph Robt Sellers MD**

Mailing Address 265 N Grand St

City

Cobleskill

State

NY

Zip Code

12043-4127

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BASSETT HEALTHCARE CLINIC

Occupation

Physician

COOPERSTOWN  
Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.62

Date of Receipt

06 / 21 / 2015

Transaction ID : 66313222

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**C. James Raymond Fowler MD**

Mailing Address 4050 Indigo Dr U-303

City

Pensacola

State

FL

Zip Code

32507-7604

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

06 / 21 / 2015

Transaction ID : 66313223

Amount of Each Receipt this Period

41.66

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

124.98

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 54 OF 137

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Jose F Arrascue MD**

Mailing Address 5503 S Congress Ave Ste 103

City

Atlantis

State

FL

Zip Code

33462-6614

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SOUTH PALM BEACH NEPHROLOGY PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	1		2	0	1	5		

**Transaction ID : 66313224**

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Juan Michael Pardo MD**Mailing Address 2002 Medical Pkwy  
Ste 230

City

Annapolis

State

MD

Zip Code

21401-3282

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	1		2	0	1	5		

**Transaction ID : 66313225**

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**c. Clarence William Brown MD**

Mailing Address 4605 Golf Rd

City

Skokie

State

IL

Zip Code

60076-1209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	1		2	0	1	5		

**Transaction ID : 66313226**

Amount of Each Receipt this Period

41.66

**SUBTOTAL** of Receipts This Page (optional)..... ►

124.98

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 55 OF 137  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Janet Johnson Cash MD**Mailing Address 833 Saint Vincents Dr  
Ste 401

City	State	Zip Code
Birmingham	AL	35205-1613

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SOUTHVIEW MEDICAL GROUP PC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2015

Transaction ID : 66313227

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Paul Anthony Pipia MD**

Mailing Address 19 Pine Rd

City	State	Zip Code
Syosset	NY	11791-4217

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNIVERSITY PHYSICIANS OF BROOKLYN  
INC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2015

Transaction ID : 66313228

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**C. Dinesh Kushangi MD**

Mailing Address 15604 Shawnee Dr

City	State	Zip Code
Overland Park	KS	66223-3359

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AAKC - KANSAS

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2015

Transaction ID : 66313229

Amount of Each Receipt this Period

41.66

**SUBTOTAL** of Receipts This Page (optional)..... ►

124.98

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 56 OF 137

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Thu Nguyen Howell MD**

Mailing Address 2222 Neilson Way Unit 301

City

Santa Monica

State

CA

Zip Code

90405-2281

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

06 / 21 / 2015

Transaction ID : 66313230

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Dragos Macelaru MD**

Mailing Address 11668 State Route 30

City

Malone

State

NY

Zip Code

12953-5736

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

06 / 21 / 2015

Transaction ID : 66313231

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**C. Corey E Collins DO**

Mailing Address 60 Fairchild Dr

City

Reading

State

MA

Zip Code

01867-1259

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MASS EYE AND EAR INFIRMARY

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

06 / 21 / 2015

Transaction ID : 66313232

Amount of Each Receipt this Period

41.66

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

124.98



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 OF 137

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Dionne Hart MD**

Mailing Address 1506 Century Knoll Ln NE

City  
Rochester

State Zip Code  
MN 55906-7717

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DOJ

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 21 / 2015

Transaction ID : 66313233

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Charles Rothberg MD**

Mailing Address 331 E Main St

City  
Patchogue

State Zip Code  
NY 11772-3142

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 21 / 2015

Transaction ID : 66313234

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**C. Thomas Edward Sullivan MD**

Mailing Address 6 Brackenbury Ln

City  
Beverly

State Zip Code  
MA 01915-3822

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 21 / 2015

Transaction ID : 66313235

Amount of Each Receipt this Period

41.66

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

124.98

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 58 OF 137

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Mr. Rodrigo A Sierra**

Mailing Address 3727 N Janssen Ave

City

Chicago

State

IL

Zip Code

60613-3701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AMERICAN MEDICAL ASSOCIATION

Occupation

AMA Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	21	/	2015

Transaction ID : 66313236

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Paul David Salzberg MD**

Mailing Address PO Box 898

City

Callicoon

State

NY

Zip Code

12723-0898

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	21	/	2015

Transaction ID : 66313237

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**c. Michael Jay Springer MD**

Mailing Address 803 Towner Pl

City

Louisville

State

KY

Zip Code

40223-2568

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PROFESSIONAL READERS GROUP INC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.62

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	21	/	2015

Transaction ID : 66313238

Amount of Each Receipt this Period

41.66

SUBTOTAL of Receipts This Page (optional)..... ►

124.98

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 OF 137

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Gary David Thal MD**

Mailing Address 111 E Chestnut St  
Apt 49A

City State Zip Code  
Chicago IL 60611-6027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 21 / 2015

Transaction ID : 66313240

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

## **B. John Gerald Albertini MD**

Mailing Address 1450 Professional Park Dr  
Ste 150

City State Zip Code  
Winston Salem NC 27103-1319

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SKIN SURGERY CENTER

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 21 / 2015

Transaction ID : 66313241

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

## **C. Michael Ashley Taylor MD**

Mailing Address 39 Via Navarro

City State Zip Code  
Greenbrae CA 94904-1215

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.62

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 21 / 2015

Transaction ID : 66313242

Amount of Each Receipt this Period

41.66

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

124.98

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 60 OF 137  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Henry Jerrold Kaplan MD**Mailing Address 301 E Muhammad Ali Blvd  
Eye Specialists Of Louisvi

City	State	Zip Code
Louisville	KY	40202-1511

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EYE SPECIALISTS OF LOUISVILLE

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2015

Transaction ID : 66313243

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Nancy O Naghavi DO**

Mailing Address 9307 Shady Lane Cir

City	State	Zip Code
Houston	TX	77063-1306

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FAMILY CARE PLUS REHAB

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2015

Transaction ID : 66313244

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**C. Lawrence Jay Singerman MD**Mailing Address 3401 Enterprise Pkwy  
Ste 300

City	State	Zip Code
Beachwood	OH	44122-7340

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETINA ASSOCIATES OF CLEVELAND INC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2015

Transaction ID : 66313245

Amount of Each Receipt this Period

41.66

SUBTOTAL of Receipts This Page (optional)..... ►

124.98

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 61 OF 137

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. J Brennan Cassidy MD**Mailing Address 120 Tustin Ave  
Ste CCity State Zip Code  
Newport Beach CA 92663-4729FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WEST COAST LASEROccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M	D D	Y Y Y Y
06	21	2015

**Transaction ID : 66313246**

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Stephen Noah Horwitz MD**Mailing Address 2999 NE 191st St  
Ph 1City State Zip Code  
Aventura FL 33180-3116FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HORWITZ WEISSMAN & MEHREL MD PAOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M	D D	Y Y Y Y
06	21	2015

**Transaction ID : 66313247**

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**C. Wade Anthony Weigel MD**Mailing Address 1100 9th Ave  
Dept Of Anesthesia B2-ANCity State Zip Code  
Seattle WA 98101-2756FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VIRGINIA MASON MEDICAL CENTEROccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M	D D	Y Y Y Y
06	21	2015

**Transaction ID : 66313249**

Amount of Each Receipt this Period

41.66

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

124.98

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 62 OF 137  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Mrs. Barbara Hurwitz**Mailing Address 690 Dallas Hwy  
Ste 101

City	State	Zip Code
Villa Rica	GA	30180-1262

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Physician Spouse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2015

Transaction ID : 66313250

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Zachary Bregman MD**

Mailing Address 149 E 18th St Apt 2

City	State	Zip Code
New York	NY	10003-2480

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2015

Transaction ID : 66313251

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**C. Sidney Gold MD**

Mailing Address 16973 Stardust Pl

City	State	Zip Code
Granada Hills	CA	91344-1732

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KAISER FOUNDATION HEALTH PLAN NATIOI

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2015

Transaction ID : 66313252

Amount of Each Receipt this Period

41.66

**SUBTOTAL** of Receipts This Page (optional)..... ►

124.98

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 OF 137

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Spiro G Spanakis DO**

Mailing Address 65 Lake Ave  
Apt 1005

City Worcester State MA Zip Code 01604-1163

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UMASS MEMORIAL HEALTH CARE

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 21 / 2015

Transaction ID : 66313253

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Kathleen Ann Hoye MD**

Mailing Address 20 Ashland St

City Taunton State MA Zip Code 02780-3317

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 21 / 2015

Transaction ID : 66313254

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**C. William Gene Nicholson MD**

Mailing Address 2309 10th St

City White Bear Lk State MN Zip Code 55110-2610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HEALTHEAST HOSPITALIST SERVICE

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 21 / 2015

Transaction ID : 66313256

Amount of Each Receipt this Period

41.66

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

124.98

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 64 OF 137

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Asa Carroll Lockhart MD**

Mailing Address 2106 Kennebunk Ln

City	State	Zip Code
Tyler	TX	75703-0301

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EAST TEXAS ANESTHESIOLOGY ASSOCIATI

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	21	/	2015

Transaction ID : 66313257

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Peter Karczmar MD**

Mailing Address 225 Adelaide Ave

City	State	Zip Code
Providence	RI	02907-1832

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	21	/	2015

Transaction ID : 66313260

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**C. Hang Thanh Bui MD**Mailing Address 1321 N Harbor Blvd  
Ste 101

City	State	Zip Code
Fullerton	CA	92835-4129

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	21	/	2015

Transaction ID : 66313261

Amount of Each Receipt this Period

41.66

SUBTOTAL of Receipts This Page (optional)..... ►

124.98

TOTAL This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 65 OF 137

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Raj Behari Lal MD**

Mailing Address 2809 Meyers Rd

City

Oak Brook

State

IL

Zip Code

60523-1623

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		21		2015

Transaction ID : 66313262

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Terry Nye Wooldridge MD**Mailing Address 230 E 22nd St  
Ste 2

City

Fremont

State

NE

Zip Code

68025-2661

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		21		2015

Transaction ID : 66313263

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**C. Wendell Byars Wells MD**

Mailing Address 2208 Darnell Lake Dr

City

Mishawaka

State

IN

Zip Code

46545-7277

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

299.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		21		2015

Transaction ID : 66313264

Amount of Each Receipt this Period

41.66

SUBTOTAL of Receipts This Page (optional)..... ▶

124.98

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 66 OF 137

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Daniel M Young MD**

Mailing Address 33-57 Harrison St

Family Medicine Residency Office

City

Johnson City

State

NY

Zip Code

13790-2107

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2015

Transaction ID : 66313265

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Goitom Andom Asgedom MD**

Mailing Address 1135 Lake Blvd

Apt 11

City

Marion

State

OH

Zip Code

43302-6685

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2015

Transaction ID : 66313267

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**C. Leon Everett Butler MD**

Mailing Address 16605 Chestnut Glen Pl

City

Louisville

State

KY

Zip Code

40245-6121

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2015

Transaction ID : 66313268

Amount of Each Receipt this Period

41.66

**SUBTOTAL** of Receipts This Page (optional)..... ►

124.98

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Gregory L Pinto MD**

Mailing Address 414 Maple Ave  
Ste 200

City State Zip Code  
Saratoga Spgs NY 12866-5533

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 21 / 2015

Transaction ID : 66313269

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Louito Catherina Edje MD**

Mailing Address 2051 W Central Ave  
Director Family Medicine Residency

City State Zip Code  
Toledo OH 43606-3948

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FALLEN TIMBERS FAMILY PHYSICIANS

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 21 / 2015

Transaction ID : 66313270

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**C. Denise Louise Bobovnyik MD**

Mailing Address 3660 Stutz Dr Ste 102  
Primary Care Specialists

City State Zip Code  
Canfield OH 44406-8149

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 21 / 2015

Transaction ID : 66313275

Amount of Each Receipt this Period

41.66

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

124.98

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 68 OF 137

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. James R Trahan MD**Mailing Address 2521 University Blvd  
Ste 122

City	State	Zip Code
Ames	IA	50010-8629

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MARY GREELEY MEDICAL CENTEROccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2015

Transaction ID : 66313277

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Sylvia Ann Emory MD**Mailing Address 1650 Chambers St  
Westmoreland Fam Med

City	State	Zip Code
Eugene	OR	97402-3636

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OREGON MEDICAL GROUPOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2015

Transaction ID : 66313279

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**C. Benjamin Holland Whitten MD**Mailing Address 8100 W 78th St  
Ste 100

City	State	Zip Code
Edina	MN	55439-2529

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ABBOTT NORTHWESTERN GENERAL MEDICOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2015

Transaction ID : 66313281

Amount of Each Receipt this Period

41.66

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

124.98

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 69 OF 137  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Gary Robert Katz MD**

Mailing Address 7918 Wisteria Ct

City	State	Zip Code
Dublin	OH	43016-8531

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PREMIER HEALTHCARE SERVICES, INC.Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	21	/	2015

Transaction ID : 66313282

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Joseph T Inglefield III MD**

Mailing Address 220 18th Street Cir SE

City	State	Zip Code
Hickory	NC	28602-1361

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.04

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	21	/	2015

Transaction ID : 66313283

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**c. Heather G Sutton-Walsh MD**

Mailing Address 140 Chaparral Est

City	State	Zip Code
Denton	TX	76208-5703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDICAL CLINIC OF NORTH TEXASOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.62

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	21	/	2015

Transaction ID : 66313285

Amount of Each Receipt this Period

41.66

SUBTOTAL of Receipts This Page (optional)..... ►

124.98

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 70 OF 137

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Donald Joseph Swikert MD**

Mailing Address 413 S Loop Rd

City

Edgewood

State

KY

Zip Code

41017-5446

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ST ELIZABETH HOSPITAL

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	1		2	0	1	5

**Transaction ID : 66313286**

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Nancy Jewell Swikert MD**

Mailing Address 10003 Country Hills Ct

City

Union

State

KY

Zip Code

41091-9774

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PATIENT FIRST PHYSICIANS GROUP

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	1		2	0	1	5

**Transaction ID : 66313287**

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**C. Mr. Richard Newman**

Mailing Address 330 North Wabash Avenue

City

Chicago

State

IL

Zip Code

60611-3586

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AMERICAN MEDICAL ASSOCIATION

Occupation

AMA Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	1		2	0	1	5

**Transaction ID : 66313289**

Amount of Each Receipt this Period

41.66

**SUBTOTAL** of Receipts This Page (optional)..... ►

124.98

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Luigi Ferruccio Bertoli MD**Mailing Address 2022 Brookwood Medical Ctr Dr  
Ste 626ACC

City	State	Zip Code
Birmingham	AL	35209-6808

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SOUTHERN HEMATOLOGY ONCOLOGY PC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	19	/	2015

**Transaction ID : 66313700**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Owen Ramsey Bell MD**

Mailing Address 2501 E 42nd Ave

City	State	Zip Code
Anchorage	AK	99508-5369

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ALASKA REGIONAL HOSPITAL

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	19	/	2015

**Transaction ID : 66313701**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Wm Somerville Gilmer MD**Mailing Address 1200 Binz St  
Ste 1270

City	State	Zip Code
Houston	TX	77004-6937

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	19	/	2015

**Transaction ID : 66314058**

Amount of Each Receipt this Period

250.04

**SUBTOTAL** of Receipts This Page (optional)..... ►

1500.04

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 72 OF 137  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Christopher Robert Goll MD**

Mailing Address 7935 James Island Trl

City

Jacksonville

State

FL

Zip Code

32256-7379

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HEEKIN ORTHOPEDIC SPECIALISTS

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	19	/	2015

**Transaction ID : 66314059**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Craig Alvin Backs MD**Mailing Address 2921 Greenbriar Dr  
Ste C

City

Springfield

State

IL

Zip Code

62704-6440

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ST JOHNS HOSPITAL

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2015

**Transaction ID : 66314290**

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**C. Shari Louise Orser MD**

Mailing Address 414 N 7th St

City

Bismarck

State

ND

Zip Code

58501-4423

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SANFORD HEALTH

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2015

**Transaction ID : 66314291**

Amount of Each Receipt this Period

41.66

**SUBTOTAL** of Receipts This Page (optional)..... ►

583.32

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 73 OF 137  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Gregory Paul Fazio MD**

Mailing Address 25 Monument Rd Ste 200

City	State	Zip Code
York	PA	17403-5049

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WELLSPAN MEDICAL GROUP ADMIN

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	22	/	2015

Transaction ID : 66314294

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Joy Ann Maxey MD**Mailing Address 455 E Paces Ferry Rd NE  
Ste 212

City	State	Zip Code
Atlanta	GA	30305-3319

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ATLANTA CHILDRENS CLINICAL CENTER

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	23	/	2015

Transaction ID : 66316279

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Elvin C Irvin Jr MD**

Mailing Address 1017 Lindberg Dr

City	State	Zip Code
Florence	SC	29501-5653

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	23	/	2015

Transaction ID : 66316280

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

208.32

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 74 OF 137

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Keith Francis De Sonier MD**Mailing Address 555 Dr Michael Debakey Dr  
Ste 103

City	State	Zip Code
Lake Charles	LA	70601-5700

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	23	/	2015

Transaction ID : 66316281

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Mr. George E. Cox**

Mailing Address 10308 Fleming Ave.

City	State	Zip Code
Bethesda	MD	20814-2136

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AMERICAN MEDICAL ASSOCIATION

Occupation

AMA Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	23	/	2015

Transaction ID : 66316282

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Mr. Dean Armandroff**

Mailing Address 3603 Gunston Rd.

City	State	Zip Code
Alexandria	VA	22302-2007

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AMERICAN MEDICAL ASSOCIATION

Occupation

AMA Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	23	/	2015

Transaction ID : 66316283

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ▶

249.99

TOTAL This Period (last page this line number only)..... ▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 OF 137

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. James Thos Hay MD**

Mailing Address 14202 Recuerdo Dr

City State Zip Code  
 Del Mar CA 92014-2956

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 NORTH COAST FAMILY MEDICAL GROUP

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2015

**Transaction ID : 66316284**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Keith Irvin Adams MD**

Mailing Address 416 Munro Rd

City State Zip Code  
 Mill Hall PA 17751-8463

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 HEALTH SERVICES OF CLARION INC

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2015

**Transaction ID : 66316285**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Gregory Jude Gallina MD**

Mailing Address 255 W Spring Valley Ave  
 Ste 103

City State Zip Code  
 Maywood NJ 07607-1444

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 COLON RECTAL SURGERY PA

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2015

**Transaction ID : 66316286**

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

249.99

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 OF 137

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. James Allan Goodyear MD**Mailing Address 125 Medical Campus Dr  
Ste 310

City	State	Zip Code
Lansdale	PA	19446-7205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NORTH PENN SURGICAL ASSOCIATES

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2015

Transaction ID : 66316287

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Floyd Anthony Buras Jr MD**

Mailing Address 713 Live Oak St

City	State	Zip Code
Metairie	LA	70005-1243

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LEBOEUF &amp; BURAS MDS INC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2015

Transaction ID : 66316288

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**c. Mary Susan Carpenter MD**

Mailing Address PO Box 769

City	State	Zip Code
Winner	SD	57580-0769

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FAMILY PRACTICE ASSOC OF WINNER PLLC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2015

Transaction ID : 66316289

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

249.99

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 OF 137

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Gary Lee Dillehay MD**

Mailing Address 5555 N Sheridan Rd  
Apt 1402

City State Zip Code  
Chicago IL 60640-1636

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LOYOLA UNIVERSITY PHYSICIAN FOUNDATI

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

06 / 23 / 2015

Transaction ID : 66316290

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Stuart Gitlow MD**

Mailing Address 153 Gaskill St

City State Zip Code  
Woonsocket RI 02895-1011

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

06 / 23 / 2015

Transaction ID : 66316291

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Randolph J Gould MD**

Mailing Address 1801 Windy Ridge Pt

City State Zip Code  
Virginia Bch VA 23454-1534

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NORFOLK SURGICAL GROUP LTD

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

599.98

Date of Receipt

06 / 23 / 2015

Transaction ID : 66316292

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

249.99

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 OF 137  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Robert Ernest Hertzka MD**

Mailing Address PO Box 1018

City State Zip Code  
Rcho Santa Fe CA 92067-1018

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANESTHESIA SERVICE MEDICAL GROUP

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 23 / 2015

Transaction ID : 66316294

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. John Jos Kennedy MD**

Mailing Address 1675 Providence Ave

City State Zip Code  
Schenectady NY 12309-3919

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 23 / 2015

Transaction ID : 66316295

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**c. Mark Chas Komorowski MD**

Mailing Address 610 S Trumbull St

City State Zip Code  
Bay City MI 48708-7656

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 23 / 2015

Transaction ID : 66316296

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

249.99

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 79 OF 137

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Daniel Joel Koretz MD**

Mailing Address 1939 Lake Rd

City

Ontario

State

NY

Zip Code

14519-9792

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

06 / 23 / 2015

Transaction ID : 66316297

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Glenn Allen Loomis MD**

Mailing Address 334 Thomas More Pkwy  
Ste 160

City

Crestview Hills

State

KY

Zip Code

41017-3496

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SPARROW HEALTH SYSTEM

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

06 / 23 / 2015

Transaction ID : 66316298

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Patrick Wm Mc Cormick MD**

Mailing Address 2222 Cherry St # 2-M200

City

Toledo

State

OH

Zip Code

43608-2673

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NEUROSURGICAL NETWORK INC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

06 / 23 / 2015

Transaction ID : 66316299

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

249.99

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Judith Richmond Pryblick DO**

Mailing Address 5422 Holiday Dr

City

Allentown

State

PA

Zip Code

18104-9439

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ST LUKES PHYSICIAN GROUP INC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	5

**Transaction ID : 66316300**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Michael Bradley Simon MD**

Mailing Address 35 Gellatly Dr

City

Wappingers Fl

State

NY

Zip Code

12590-6452

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NAPA

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	5

**Transaction ID : 66316301**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Robert Cameron More MD**Mailing Address 8100 Wescott Dr  
Ste 101

City

Flemington

State

NJ

Zip Code

08822-4671

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HUNTERDON ORTHOPEDIC INSTITUTE

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	5

**Transaction ID : 66316302**

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional)..... ►

249.99

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. John S Mc Intyre MD**Mailing Address 2000 Winton Rd S  
Bldg 4

City	State	Zip Code
Rochester	NY	14618-3970

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNITY MENTAL HEALTH

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	23	/	2015

**Transaction ID : 66316303**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. David George Gerkin MD**

Mailing Address 2300 Lakemoor Dr

City	State	Zip Code
Knoxville	TN	37920-2815

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	23	/	2015

**Transaction ID : 66316305**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Donald Franklin MD**

Mailing Address 5335 Summerfield Ln

City	State	Zip Code
Signal Mtn	TN	37377-2861

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NEPHROLOGY ASSOCIATES

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	23	/	2015

**Transaction ID : 66316306**

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional)..... ►

249.99

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 OF 137

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Patrice A Harris MD**

Mailing Address 99 Jesse Hill Jr Dr SE  
Ste 400

City Atlanta State GA Zip Code 30303-3030

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

06 / 23 / 2015

Transaction ID : 66316307

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

## **B. Kathleen Blake MD**

Mailing Address 330 N Wabash Ave Ste 39300  
American Medical Association

City Chicago State IL Zip Code 60611-5885

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AMERICAN MEDICAL ASSOCIATION

Occupation

AMA Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

06 / 23 / 2015

Transaction ID : 66316308

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

## **C. Dieter Pohl MD**

Mailing Address 34 Eames St

City Providence State RI Zip Code 02906-3304

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RHODE ISLAND SURGEONS

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

599.98

Date of Receipt

06 / 23 / 2015

Transaction ID : 66316309

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

249.99

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 83 OF 137

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Albert Ray MD**

Mailing Address 7035 Convoy Ct

Southern Ca Permanente Med Group

City

San Diego

State

CA

Zip Code

92111-1016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KAISER FDN HEALTH PLAN NATION HQ

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2015

**Transaction ID : 66316310**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Alexander Ding MD**

Mailing Address 1251 Talbryn Dr

City

Belmont

State

CA

Zip Code

94002-3755

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PARTNERS HEALTH CARE

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2015

**Transaction ID : 66316311**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Thomas Walton Eppes Jr MD**

Mailing Address 1175 Corporate Park Dr

City

Forest

State

VA

Zip Code

24551-2238

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CENTRAL VIRGINIA FAMILY PHYSICIANS

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

599.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2015

**Transaction ID : 66316312**

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional)..... ►

249.99

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Alan Barth Pillersdorf MD**Mailing Address 1620 S Congress Ave  
Ste 100

City	State	Zip Code
Palm Springs	FL	33461-2128

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PLASTIC SURGERY OF PALM BEACH PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2015

**Transaction ID : 66316313**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. William Chas Sternfeld MD**Mailing Address 4235 Secor Rd  
Bldg 1

City	State	Zip Code
Toledo	OH	43623-4231

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TOLEDO CLINIC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2015

**Transaction ID : 66316314**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Evangelos Megariotis MD**

Mailing Address 21 Ravona St

City	State	Zip Code
Clifton	NJ	07012-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2015

**Transaction ID : 66316316**

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional)..... ►

249.99

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 OF 137

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Marilyn Joan Heine MD**

Mailing Address 900 Twining Rd

City	State	Zip Code
Dresher	PA	19025-1726

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SEVERN EMERGENCY PHYSICIANSOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	23	/	2015

**Transaction ID : 66316317**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Peter Scott Lund MD**Mailing Address 311 W 24th St  
Ste 101

City	State	Zip Code
Erie	PA	16502-2668

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ALLIED UROLOGY ASSOCIATESOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	23	/	2015

**Transaction ID : 66316318**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Richard Allen Dart MD**Mailing Address 9050 Ader Rd  
Wisconsin Medical Soc

City	State	Zip Code
Marshfield	WI	54449-9652

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MARSHFIELD CLINICOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	23	/	2015

**Transaction ID : 66316319**

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional)..... ►

249.99

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. John Robt Mc Gill MD**

Mailing Address 436A State St

City

Bangor

State

ME

Zip Code

04401-6606

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	5

Transaction ID : 66316320

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Perry Lynn Haney MD**

Mailing Address PO Box 6680

City

Denver

State

CO

Zip Code

80206-0680

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SPINEONE, INC

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	5

Transaction ID : 66316321

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Roni Ephrat MD**

Mailing Address 116 Broadway

City

Norwood

State

NJ

Zip Code

07648-1401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BERGEN ANESTHESIA

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	5

Transaction ID : 66316322

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional)..... ►

249.99

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 87 OF 137  
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Elizabeth Fay Wu MD**

 Mailing Address 2504 Samaritan Dr  
 Ste 20

City	State	Zip Code
San Jose	CA	95124-4005

 FEC ID number of contributing  
 federal political committee.

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2015

Transaction ID : 66316323

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**B. Betty Shuwein Chu MD**

Mailing Address 233 Warrington Rd

City	State	Zip Code
Bloomfield	MI	48304-2952

 FEC ID number of contributing  
 federal political committee.

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2015

Transaction ID : 66316324

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C. Mr. Thomas P. Healy Jr.**

Mailing Address 547 S Clark St Apt 1401

City	State	Zip Code
Chicago	IL	60605-1548

 FEC ID number of contributing  
 federal political committee.

Name of Employer

AMERICAN MEDICAL ASSOCIATION

Occupation

AMA Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2015

Transaction ID : 66316325

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 88 OF 137

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Mokarram Husain Jafri MD**

Mailing Address 6 Oakhurst Ct

City

Clifton Park

State

NY

Zip Code

12065-8719

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ANESTHESIA GROUP OF ALBANY

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	5

**Transaction ID : 66316326**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Gerald Edward Harmon MD**Mailing Address 9699 Ocean Hwy  
PO Box 289

City

Pawleys Isl

State

SC

Zip Code

29585-7425

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	5

**Transaction ID : 66316327**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Michael Jos Sexton MD**

Mailing Address 12 Erica Ct

City

Novato

State

CA

Zip Code

94947-1900

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	5

**Transaction ID : 66316328**

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional)..... ►

249.99

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 89 OF 137  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. James J Dehen Jr MD**

Mailing Address 2024 S 6th St

City

Brainerd

State

MN

Zip Code

56401-4529

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BRAINERD MEDICAL CENTER INC

Occupation

Physician

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 23 / 2015

Transaction ID : 66316329

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Aaron Edward George DO**

Mailing Address PO Box 3886

Dept of Community/Family Medicine

City

Durham

State

NC

Zip Code

27710-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DUKE UNIVERSITY

Occupation

Resident

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 23 / 2015

Transaction ID : 66316330

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**C. Jack M Chapman Jr MD**

Mailing Address 2061 Beverly Rd

City

Gainesville

State

GA

Zip Code

30501-2034

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 23 / 2015

Transaction ID : 66316331

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

208.32

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Richard Earl Thorp MD**

Mailing Address 2395 Tokay Ct

City

Paradise

State

CA

Zip Code

95969-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PARADISE MEDICAL GROUP

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	23	/	2015

**Transaction ID : 66316332**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Julia Virginia Johnson MD**

Mailing Address 119 Belmont St

Umass Memorial Medical Center

City

Worcester

State

MA

Zip Code

01605-2903

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UMASS MEMORIAL HOSPITAL

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	23	/	2015

**Transaction ID : 66316333**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Georgia Anne Tuttle MD**

Mailing Address 129 Mechanic St

The Skin Care Ctr

City

Lebanon

State

NH

Zip Code

03766-1522

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	23	/	2015

**Transaction ID : 66316334**

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional)..... ►

249.99

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Susan Rudd Bailey MD**Mailing Address 5929 Lovell Ave  
F W A ACity State Zip Code  
Fort Worth TX 76107-5029FEC ID number of contributing  
federal political committee.

C

Name of Employer

FORT WORTH ALLERGY ASTHMA ASSOCIAT

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 23 / 2015**Transaction ID : 66316335**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. John E Christie MD**Mailing Address 2661 Riva Rd  
Bldg 600City State Zip Code  
Annapolis MD 21401-7353FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 23 / 2015**Transaction ID : 66316336**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Mrs. Margaret Garikes**

Mailing Address 4003 Sharp Place

City State Zip Code  
Alexandria VA 22304-1736FEC ID number of contributing  
federal political committee.

C

Name of Employer

AMERICAN MEDICAL ASSOCIATION

Occupation

AMA Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 23 / 2015**Transaction ID : 66316337**

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional)..... ►

249.99

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. John M De Figueiredo MD**

Mailing Address 100 Plaza Ct Unit 1674

City State Zip Code  
 Groton CT 06340-8362

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

06 / 23 / 2015

Transaction ID : 66316338

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Peter Amberg Hollmann MD**

Mailing Address 74 Fort Ave

City State Zip Code  
 Cranston RI 02905-3610

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BLUE CROSS BLUE SHIELD OF RI

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

06 / 23 / 2015

Transaction ID : 66316339

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Badri N Nath MD**

Mailing Address PO Box 13331

City State Zip Code  
 Palm Desert CA 92255-3331

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

06 / 23 / 2015

Transaction ID : 66316340

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional)..... ►

249.99

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Leonard Allison Brabson MD**

Mailing Address 939 Emerald Ave Ste 806  
Clark Tower

City State Zip Code  
Knoxville TN 37917-4502

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 23 / 2015

Transaction ID : 66316341

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Frederick Ray Ridge Jr MD**

Mailing Address 1043 N 1000 W

City State Zip Code  
Linton IN 47441-5281

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 23 / 2015

Transaction ID : 66316342

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. William Alfred Mc Dade MD**

Mailing Address 5401 S Ingleside Ave

City State Zip Code  
Chicago IL 60615-5013

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 23 / 2015

Transaction ID : 66316343

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

249.99

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Albert J Osbahr III MD**

Mailing Address 810 Fairgrove Church Rd  
Cvmc Ohs

City State Zip Code  
Hickory NC 28602-9617

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

06 / 23 / 2015

Transaction ID : 66316344

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Prasanta Chandra Chandra MD**

Mailing Address PO Box 8868

City State Zip Code  
Turnersville NJ 08012-8868

FEC ID number of contributing  
federal political committee.

C

Name of Employer

STOCKHOLM OB-GYN

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

06 / 23 / 2015

Transaction ID : 66316345

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Mr. John Robert Jordan**

Mailing Address 5100 Williamsburg Blvd

City State Zip Code  
Arlington VA 22207-1813

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AMERICAN MEDICAL ASSOCIATION

Occupation

AMA Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.31

Date of Receipt

06 / 23 / 2015

Transaction ID : 66316346

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

249.99

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. John Michael Montgomery MD**

Mailing Address 2636 Country Side Dr

City

Orange Park

State

FL

Zip Code

32003-4951

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNIVERSITY OF FLORIDA JACKSONVILLE PI

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	23	/	2015

**Transaction ID : 66316347**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Carol Sadie Shapiro MD**

Mailing Address 7822 Gingerbread Ln

City

Fairfax Station

State

VA

Zip Code

22039-2201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	23	/	2015

**Transaction ID : 66316348**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Susan Eva Skochelak MD**Mailing Address 401 N Wabash Ave  
Unit 48J

City

Chicago

State

IL

Zip Code

60611-3790

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AMERICAN MEDICAL ASSOCIATION

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	23	/	2015

**Transaction ID : 66316349**

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

249.99

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Louis James Kraus MD**

Mailing Address 910 Skokie Blvd  
STE230

City State Zip Code  
Northbrook IL 60062-4040

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 23 / 2015

**Transaction ID : 66316350**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Mrs. Joanne Bergquist**

Mailing Address 210 W Tacoma Ave

City State Zip Code  
Latrobe PA 15650-1026

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Physician Spouse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 23 / 2015

**Transaction ID : 66316351**

Amount of Each Receipt this Period

166.66

Full Name (Last, First, Middle Initial)

**C. Sherman C Yu MD**

Mailing Address 1200 Binz St  
Ste 950

City State Zip Code  
Houston TX 77004-6943

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 23 / 2015

**Transaction ID : 66316352**

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

333.32



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 97 OF 137  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Donald D Timmerman MD**

Mailing Address 1817 Main St

City	State	Zip Code
Glastonbury	CT	06033-2943

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT VALLEY HOSP

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		23		2015

**Transaction ID : 66316353**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Corliss Adam Varnum MD**

Mailing Address 79 Regan Dr

City	State	Zip Code
Oswego	NY	13126-5602

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		23		2015

**Transaction ID : 66316354**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. David Andrew Rosman MD**

Mailing Address 51 School St

City	State	Zip Code
Andover	MA	01810-4037

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MGH

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.02

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		23		2015

**Transaction ID : 66316355**

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional)..... ►

249.99

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

<p>Full Name (Last, First, Middle Initial)  <b>A. Sharon R Metzger Richens MD</b></p> <p>Mailing Address 161 W 200 N  Ste 200</p> <p>City State Zip Code  St George UT 84770-2728</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  EYE CARE SPECIALISTS PS Physician</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  499.98</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  06 / 23 / 2015</p> <p><b>Transaction ID : 66316356</b></p> <p>Amount of Each Receipt this Period  83.33</p>
<p>Full Name (Last, First, Middle Initial)  <b>B. Kenneth Michael Certa MD</b></p> <p>Mailing Address 17 Fox Hunt Cir</p> <p>City State Zip Code  Plymouth Mtng PA 19462-1428</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  THOMAS JEFFERSON UNIVERSITY Physician</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  499.98</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  06 / 23 / 2015</p> <p><b>Transaction ID : 66316358</b></p> <p>Amount of Each Receipt this Period  83.33</p>
<p>Full Name (Last, First, Middle Initial)  <b>C. John Phillip Williams MD</b></p> <p>Mailing Address 5004 W Grove Ln</p> <p>City State Zip Code  Gibsonia PA 15044-6053</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  UPMC Physician</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  499.98</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  06 / 23 / 2015</p> <p><b>Transaction ID : 66316359</b></p> <p>Amount of Each Receipt this Period  83.33</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		<p>249.99</p>
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Mr. Christopher Todd Askew**

Mailing Address 2943 McKinley St, NW

City

Washington

State

DC

Zip Code

20015-1217

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AMERICAN MEDICAL ASSOCIATION

Occupation

AMA Executive

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2015

Transaction ID : 66316360

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Ardis Dee Hoven MD**

Mailing Address 2912 Sweet William Ct

City

Lexington

State

KY

Zip Code

40502-2975

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BLUEGRASS CARE CLINIC

Occupation

Physician

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2015

Transaction ID : 66316361

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Kenneth Elmassian DO**

Mailing Address 2399 Pine Hollow Dr

City

East Lansing

State

MI

Zip Code

48823-9775

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LANSING ANESTHESIOLOGISTS PC

Occupation

Physician

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2015

Transaction ID : 66316362

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional)..... ►

249.99

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. E Scott Ferguson MD**

Mailing Address 200 S Rhodes St  
Ste B

City State Zip Code  
West Memphis AR 72301-4213

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 23 / 2015

**Transaction ID : 66316363**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

## **B. Bruce Alan Mac Leod MD**

Mailing Address 1515 Mohican Dr

City State Zip Code  
Pittsburgh PA 15228-1615

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ASPN

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 23 / 2015

**Transaction ID : 66316364**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

## **C. Peter Augusto Bernardo MD**

Mailing Address 3356 Homestead Rd S

City State Zip Code  
Salem OR 97302-9752

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 23 / 2015

**Transaction ID : 66316365**

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional)..... ►

249.99

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Ahmed Bajandas MD**

Mailing Address PO Box 489

City

Humacao

State

PR

Zip Code

00792-0489

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	5

**Transaction ID : 66316366**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Mr. William R. Abrams JD**Mailing Address 7702 Radcliffe Drive  
Apt. C

City

Madison

State

WI

Zip Code

53719-2083

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WISCONSIN MEDICAL SOCIETY

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	5

**Transaction ID : 66316367**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. James David Grant MD**

Mailing Address 1574 Sodon Lake Dr

City

Bloomfield

State

MI

Zip Code

48302-2362

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BEAUMONT HEALTH SYSTEM

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	5

**Transaction ID : 66316368**

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional)..... ►

249.99

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Steven Berkowitz MD**

Mailing Address 22 Malke Dr

City State Zip Code  
 Ocean NJ 07712-3371

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 SEAVIEW ORTHOPAEDIC & MEDICAL ASSO Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 23 2015

Transaction ID : 66316369

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Nicholas V Polifroni MD**

Mailing Address 761 Main Ave  
 Ste 115

City State Zip Code  
 Norwalk CT 06851-1080

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 COASTAL ORTHOPAEDICS Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 23 2015

Transaction ID : 66316370

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Ms. Taylor Tonia Desrosiers**

Mailing Address 11 S Castle St

City State Zip Code  
 Baltimore MD 21231-1917

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 N/A Medical Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 23 2015

Transaction ID : 66316371

Amount of Each Receipt this Period

41.66

**SUBTOTAL** of Receipts This Page (optional)..... ►

208.32

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Christopher Lance Sudduth MD**

Mailing Address 2508 S 14th St

City

Broken Arrow

State

OK

Zip Code

74012-7264

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	23	/	2015

**Transaction ID : 66316372**

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Alyn L Adrain MD**

Mailing Address 44 W River St

City

Providence

State

RI

Zip Code

02904-2609

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	23	/	2015

**Transaction ID : 66316373**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Jeffrey Paul Katz MD**

Mailing Address 6528 Ocean Shore Ln

City

Columbia

State

MD

Zip Code

21044-6070

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PHYSICIAN'S HOUSE CALLS

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	23	/	2015

**Transaction ID : 66316374**

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

208.32

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Rattapol Srisinroongruang MD**

Mailing Address 2728 McKinnon St  
Apt 1821

City State Zip Code  
Dallas TX 75201-1649

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AEMA

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 23 / 2015

**Transaction ID : 66316375**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Mrs. Kimberly Moser**

Mailing Address 3216 High Ridge Drive

City State Zip Code  
Taylor Mill KY 41015-4411

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KPPAC

Occupation

State Staff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 23 / 2015

**Transaction ID : 66316377**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Steven Roy Daviss MD**

Mailing Address 3312 Rueckert Ave

City State Zip Code  
Baltimore MD 21214-2921

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SHEPPARD PRATT PHYSICIANS PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 23 / 2015

**Transaction ID : 66316378**

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

249.99



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Deepak Azad MD**

Mailing Address 3505 Charlevoix Ct

City

Floyds Knobs

State

IN

Zip Code

47119-9761

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	3		2	0	1	5		

**Transaction ID : 66316379**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Daniel O'Brien MD**

Mailing Address 8625 Sandstone Ct

City

Granite Bay

State

CA

Zip Code

95746-9517

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNIVERSITY CALIFORNIA-DAVIS

Occupation

Resident

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	3		2	0	1	5		

**Transaction ID : 66316380**

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**C. Richard John Depersio MD**Mailing Address 7557 Dannaher Dr  
Ste 220

City

Powell

State

TN

Zip Code

37849-3563

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GREATER KNOXVILLE EAR NOSE &amp; THROAT

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	3		2	0	1	5		

**Transaction ID : 66316381**

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional)..... ►

208.32

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Tina Rashmi Shah MD**Mailing Address 5841 S Maryland Ave  
Ste MC7082

City	State	Zip Code
Chicago	IL	60637-1465

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDSTAR MEMORIAL UNION HOSPITAL

Occupation

Resident

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	23	/	2015

Transaction ID : 66316382

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Jeffrey Donnell Cao MD**

Mailing Address 11021 Campus St Ste 301

City	State	Zip Code
Loma Linda	CA	92350-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LOMA LINDA UNIV MEDICAL CTR

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	23	/	2015

Transaction ID : 66316383

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. David Thos Harvey MD**

Mailing Address 107 Kellsworth Way

City	State	Zip Code
Tyrone	GA	30290-2902

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SURGICAL &amp; COSMETIC DERMATOLOGY

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	23	/	2015

Transaction ID : 66316384

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

208.32

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

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 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Arthur E Apolinario MD**

Mailing Address 403 Fairview St

 City  
 Clinton

 State  
 NC

 Zip Code  
 28328-2311

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

CLINTON MEDICAL CLINIC INC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	5

Transaction ID : 66316385

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Prateek Sharma MD**

 Mailing Address 85 Marlborough St  
 Apt 7

 City  
 Boston

 State  
 MA

 Zip Code  
 02116-2050

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

BOSTON MEDICAL CENTER

Occupation

Resident

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.15

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	5

Transaction ID : 66316386

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. Joshua David Lesko MD**

 Mailing Address 1140 London Blvd  
 Apt 3211

 City  
 Portsmouth

 State  
 VA

 Zip Code  
 23704-0009

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

FAIRVIEW PARK HOSPITAL

Occupation

Resident

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

349.96

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	5

Transaction ID : 66316387

Amount of Each Receipt this Period

41.66

**SUBTOTAL** of Receipts This Page (optional)..... ►

134.99

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
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 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Ms. Michaela Sternstein**

Mailing Address 330 N Wabash Ave

City

Chicago

State

IL

Zip Code

60611-3586

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AMERICAN MEDICAL ASSOCIATION

Occupation

AMA Executive

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	23	/	2015

Transaction ID : 66316388

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Mr. Grayson Wilkes Armstrong**
Mailing Address 15 Pratt St  
Apt 3

City

Providence

State

RI

Zip Code

02906-1469

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Medical Student

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	23	/	2015

Transaction ID : 66316389

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**C. Mr. Karthik Venkataraman Sarma**
Mailing Address 10989 Rochester Ave  
Apt 111

City

Los Angeles

State

CA

Zip Code

90024-6228

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Medical Student

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	23	/	2015

Transaction ID : 66316390

Amount of Each Receipt this Period

41.66

**SUBTOTAL** of Receipts This Page (optional)..... ►

166.65

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

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 (check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Jerry D McLaughlin II MD**

Mailing Address 809 Pinegrove Ln

City

Longview

State

TX

Zip Code

75604-2606

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	5

Transaction ID : 66316391

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Marshall Lucas MD**
Mailing Address 8701 New Trails Dr  
Ste 150

City

Spring

State

TX

Zip Code

77381-4546

FEC ID number of contributing federal political committee.

C

Name of Employer

JASON D BARON MD PA

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.02

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	5

Transaction ID : 66316392

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. John Robert Corker MD**

Mailing Address 3200 Maple Ave Apt 323

City

Dallas

State

TX

Zip Code

75201-1343

FEC ID number of contributing federal political committee.

C

Name of Employer

PARKLAND HOSPITAL

Occupation

Resident

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	5

Transaction ID : 66316393

Amount of Each Receipt this Period

41.66

**SUBTOTAL** of Receipts This Page (optional)..... ►

208.32

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Stephen Babic MD**

Mailing Address 951 NW 13th St  
Ste 1E

City State Zip Code  
Boca Raton FL 33486-2337

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BOCA RATON CARDIOLOGY

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 23 / 2015

**Transaction ID : 66316394**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Karolyn Moody DO**

Mailing Address 760 Boozy Creek Rd

City State Zip Code  
Blountville TN 37617-6609

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHILDREN'S HOSPITAL

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.02

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 23 / 2015

**Transaction ID : 66316395**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

## **C. James Lee Sublett MD**

Mailing Address 500 W Jefferson St  
Ste 160

City State Zip Code  
Louisville KY 40202-2866

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAMILY ALLERGY & ASTHMA

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 23 / 2015

**Transaction ID : 66316396**

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

733.33

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

<p>Full Name (Last, First, Middle Initial)  <b>A. William Edward Guptill MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y Y  06 / 23 / 2015  <b>Transaction ID : 66316398</b></p>		
<p>Mailing Address 8 Creeping Jenny Ln</p>			<p>Amount of Each Receipt this Period  83.33</p>		
City Taunton	State MA	Zip Code 02780-7206			
FEC ID number of contributing federal political committee. C					
Name of Employer CARITAS MEDICAL GROUP		Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.02			
<p>Full Name (Last, First, Middle Initial)  <b>B. Paul Douglas Bozyk MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y Y  06 / 23 / 2015  <b>Transaction ID : 66316400</b></p>		
<p>Mailing Address 7653 Embassy Dr</p>			<p>Amount of Each Receipt this Period  83.33</p>		
City Canton	State MI	Zip Code 48187-1545			
FEC ID number of contributing federal political committee. C					
Name of Employer SELF-EMPLOYED		Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.02			
<p>Full Name (Last, First, Middle Initial)  <b>C. John Jackson Ingram III MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y Y  06 / 23 / 2015  <b>Transaction ID : 66316401</b></p>		
<p>Mailing Address 266 Joule St East TN Med Grp</p>			<p>Amount of Each Receipt this Period  83.33</p>		
City Alcoa	State TN	Zip Code 37701-2422			
FEC ID number of contributing federal political committee. C					
Name of Employer EAST TENNESSEE MEDICAL GROUP		Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.02			
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>249.99</p>		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>					

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Devdutta G Sangvai MD**

Mailing Address 708 Oxboro Cir

City

Durham

State

NC

Zip Code

27713-8298

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DUKE UNIVERSITY

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06		23		2015

**Transaction ID : 66316948**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Carl Alexander Sirio MD**Mailing Address 3000 Arlington Ave  
Mail Stop 1018

City

Toledo

State

OH

Zip Code

43614-2595

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNIVERSITY OF PITTSBURGH MEDICAL

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06		23		2015

**Transaction ID : 66316949**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. John William Hartman MD**

Mailing Address 1521 Belle Plane Cir

City

Green Bay

State

WI

Zip Code

54313-3211

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06		23		2015

**Transaction ID : 66316950**

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional)..... ►

249.99

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Robert Harold Couch MD**

Mailing Address 10606 Hobbs Station Rd

City

Louisville

State

KY

Zip Code

40223-2671

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.02

Date of Receipt

06 / 23 / 2015

Transaction ID : 66316953

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Prateek Sharma MD**

Mailing Address 85 Marlborough St  
Apt 7

City

Boston

State

MA

Zip Code

02116-2050

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BOSTON MEDICAL CENTER

Occupation

Resident

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.15

Date of Receipt

06 / 24 / 2015

Transaction ID : 66340796

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**c. Nestor A Ramirez-Lopez MD**

Mailing Address 1319 Grandview Dr

City

Champaign

State

IL

Zip Code

61820-6824

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NORTHSIDE NEONATAL & INFANT CARE

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.98

Date of Receipt

06 / 25 / 2015

Transaction ID : 66452071

Amount of Each Receipt this Period

208.33

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

301.66

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

<p>Full Name (Last, First, Middle Initial)  <b>A. William Lee Hamilton MD</b></p>		<p>Date of Receipt  <div> <div>MM / DD / YYYY</div> <div>06 / 25 / 2015</div> </div> </p>	
<p>Mailing Address 5171 S Cottonwood St  Ste 750</p>		<p><b>Transaction ID : 66452072</b></p>	
<p>City State Zip Code  Salt Lake Cty UT 84107-5705</p>	<p>Amount of Each Receipt this Period  <div> <div>Receipts</div> <div>208.33</div> </div> </p>		
<p>FEC ID number of contributing federal political committee.  <div> <div>C</div> <div></div> </div> </p>			
<p>Name of Employer  INTERMOUNTAIN HEALTHCARE</p>	<p>Occupation  Physician</p>		
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p>Aggregate Year-to-Date ▼  <div> <div>Receipts</div> <div>1249.98</div> </div> </p>		
<p>Full Name (Last, First, Middle Initial)  <b>B. Nancy Louise Mueller MD</b></p>		<p>Date of Receipt  <div> <div>MM / DD / YYYY</div> <div>06 / 25 / 2015</div> </div> </p>	
<p>Mailing Address 610 E Palisade Ave</p>		<p><b>Transaction ID : 66452073</b></p>	
<p>City State Zip Code  Englewood NJ 07632-1801</p>	<p>Amount of Each Receipt this Period  <div> <div>Receipts</div> <div>208.33</div> </div> </p>		
<p>FEC ID number of contributing federal political committee.  <div> <div>C</div> <div></div> </div> </p>			
<p>Name of Employer  SELF-EMPLOYED</p>	<p>Occupation  Physician</p>		
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p>Aggregate Year-to-Date ▼  <div> <div>Receipts</div> <div>1249.98</div> </div> </p>		
<p>Full Name (Last, First, Middle Initial)  <b>C. Mr. Kenneth D. Lancin</b></p>		<p>Date of Receipt  <div> <div>MM / DD / YYYY</div> <div>06 / 25 / 2015</div> </div> </p>	
<p>Mailing Address 610 East Palisade Avenue</p>		<p><b>Transaction ID : 66452074</b></p>	
<p>City State Zip Code  Englewood Cliffs NJ 07632-1801</p>	<p>Amount of Each Receipt this Period  <div> <div>Receipts</div> <div>208.33</div> </div> </p>		
<p>FEC ID number of contributing federal political committee.  <div> <div>C</div> <div></div> </div> </p>			
<p>Name of Employer  SELF-EMPLOYED</p>	<p>Occupation  Management Consultant</p>		
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p>Aggregate Year-to-Date ▼  <div> <div>Receipts</div> <div>1249.98</div> </div> </p>		
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		<div> <div>Receipts</div> <div>624.99</div> </div>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		<div> <div>Receipts</div> <div></div> </div>	

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Lisa Bohman Egbert MD**

Mailing Address 5335 Far Hills Ave  
Ste 112

City State Zip Code  
Dayton OH 45429-2317

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PARAGON WOMEN'S CARE

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 25 / 2015

Transaction ID : 66452075

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

**B. Mr. Kevin Walker**

Mailing Address 10635 Canterbury Rd.

City State Zip Code  
Fairfax Station VA 22039-1927

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AMERICAN MEDICAL ASSOCIATION

Occupation

AMA Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 25 / 2015

Transaction ID : 66452077

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

**C. Stephen Alan Imbeau MD**

Mailing Address 800 E Cheves St Ste 420  
Allergy Asthma and Sinus Ctr

City State Zip Code  
Florence SC 29506-2649

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ALLERGY ASTHMA &amp; SINUS CENTER

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 25 / 2015

Transaction ID : 66452078

Amount of Each Receipt this Period

208.33

**SUBTOTAL** of Receipts This Page (optional)..... ►

624.99

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Srinivas B Mukkamala MD**

Mailing Address 1170 Charter Dr

Ste F

City

State

Zip Code

Flint

MI

48532-3587

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

SELF-EMPLOYED

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1249.98

Date of Receipt

06 / 25 / 2015

Transaction ID : 66452079

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

**B. William Eric Kobler MD**

Mailing Address 6729 Millbrook Dr

City

State

Zip Code

Rockford

IL

61108-4310

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

OSF MEDICAL GROUP

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1249.98

Date of Receipt

06 / 25 / 2015

Transaction ID : 66452080

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

**c. Thomas James Madejski MD**

Mailing Address 100 Ohio St

Ste C

City

State

Zip Code

Medina

NY

14103-1191

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

SELF-EMPLOYED

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1249.98

Date of Receipt

06 / 25 / 2015

Transaction ID : 66452081

Amount of Each Receipt this Period

208.33

**SUBTOTAL** of Receipts This Page (optional)..... ►

624.99

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 117 OF 137

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Robert Puchalski MD**

Mailing Address PO Box 520

City State Zip Code  
 Lugoff SC 29078-0520

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SOUTH CAROLINA ENT

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.04

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 25 / 2015

**Transaction ID : 66452082**

Amount of Each Receipt this Period

416.66

Full Name (Last, First, Middle Initial)

**B. Seth Yawki Flagg MD**

Mailing Address 9129 Bradford Rd

City State Zip Code  
 Silver Spring MD 20901-4917

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US NAVY

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 25 / 2015

**Transaction ID : 66452083**

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

**C. Russell Clark Libby MD**

Mailing Address 3020 Hamaker Ct Ste 200

City State Zip Code  
 Fairfax VA 22031-2220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VIRGINIA PEDIATRIC GROUP LTD

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 25 / 2015

**Transaction ID : 66452084**

Amount of Each Receipt this Period

208.33

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

833.32

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 118 OF 137

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Jesse Menachem Ehrenfeld MD**Mailing Address 900 20th Ave S  
Apt 1611

City	State	Zip Code
Nashville	TN	37212-2250

FEC ID number of contributing  
federal political committee.

C

Name of Employer

VANDERBILT UNIVERSITY

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2015

Transaction ID : 66452085

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

**B. Benjamin Zev Galper MD**Mailing Address 1284 Beacon St  
Apt 815

City	State	Zip Code
Brookline	MA	02446-3734

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BRIGHAM AND WOMEN'S HOSPITAL

Occupation

Resident

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

624.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2015

Transaction ID : 66452086

Amount of Each Receipt this Period

104.16

Full Name (Last, First, Middle Initial)

**C. Luis S Alonzo MD**Mailing Address 610 E Grant Ave  
Iroquois Center for Human Dev

City	State	Zip Code
Greensburg	KS	67054-2708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HORIZONS MENTAL HEALTH CENTER

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2015

Transaction ID : 66452087

Amount of Each Receipt this Period

208.33

**SUBTOTAL** of Receipts This Page (optional)..... ►

520.82

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

PAGE 119 OF 137

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Dana M Block-Abraham DO**

Mailing Address 6418 Liquid Laughter Ln

City

Columbia

State

MD

Zip Code

21044-6044

FEC ID number of contributing  
federal political committee.

Name of Employer

UNIV OF MARYLAND MEDICAL CTR

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	5

Transaction ID : 66452088

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**B. Dev Appannagari Gnanadev MD**

Mailing Address PO Box 670

City

Redlands

State

CA

Zip Code

92373-0221

FEC ID number of contributing  
federal political committee.

Name of Employer

ARROWHEAD COMMUNITY SURGICAL

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	5

Transaction ID : 66452089

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C. John Pasteur Hamide MD**

Mailing Address 4720 Carthage St

City

Metairie

State

LA

Zip Code

70002-1402

FEC ID number of contributing  
federal political committee.

Name of Employer

LSUHSC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	5

Transaction ID : 66452090

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 120 OF 137  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Mr. Samuel John Mackenzie MD**

Mailing Address 2277 Glencoe Hills Dr Apt 4

City

Ann Arbor

State

MI

Zip Code

48108-3002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Medical Student

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

624.96

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	5

Transaction ID : 66452091

Amount of Each Receipt this Period

104.16

Full Name (Last, First, Middle Initial)

**B. Mrs. Julie Lynn Whitis**

Mailing Address PO Box 340903

City

Dayton

State

OH

Zip Code

45434-0903

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Medical Student

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

624.96

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	5

Transaction ID : 66452092

Amount of Each Receipt this Period

104.16

Full Name (Last, First, Middle Initial)

**C. Marvin H Rorick III MD**

Mailing Address 111 Wellington Pl

City

Cincinnati

State

OH

Zip Code

45219-1758

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RIVER HILLS HEALTH CARE

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1249.98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	5

Transaction ID : 66452093

Amount of Each Receipt this Period

208.33

**SUBTOTAL** of Receipts This Page (optional)..... ►

416.65

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 121 OF 137  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Alethia Ellen Morgan MD**

Mailing Address PO Box 17540

Risk Management

City

Denver

State

CO

Zip Code

80217-0540

FEC ID number of contributing  
federal political committee.

C

Name of Employer

COPIC

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1349.98

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		25		2015

Transaction ID : 66452094

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

**B. Michael Arthur Battista MD**

Mailing Address 11 Orsinger HI

City

San Antonio

State

TX

Zip Code

78230-1500

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1249.98

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		25		2015

Transaction ID : 66452095

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

**C. Mohammed Ali Arsiwala MD**

Mailing Address 17197 N Laurel Park Dr

Ste 107

City

Livonia

State

MI

Zip Code

48152-7901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1249.98

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		25		2015

Transaction ID : 66452096

Amount of Each Receipt this Period

208.33

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

624.99

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 122 OF 137

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Lee Thos Snook Jr MD**

Mailing Address 2288 Auburn Blvd  
Ste 106

City State Zip Code  
Sacramento CA 95821-1619

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 25 / 2015

Transaction ID : 66452097

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

## **B. Benjamin Schlechter MD**

Mailing Address 2603 Keiser Blvd Ste 207

City State Zip Code  
Wyomissing PA 19610-3341

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 25 / 2015

Transaction ID : 66452098

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

## **C. Scott Mitchel Tenner MD**

Mailing Address 25 Trenton Ave

City State Zip Code  
East Atlantic Beach NY 11561-1132

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNIVERSITY PHYSICIANS OF BROOKLYN INC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1458.31

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 25 / 2015

Transaction ID : 66452099

Amount of Each Receipt this Period

208.33

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

624.99

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 123 OF 137  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Steven Jay Fleischman MD**

Mailing Address 148 Rimmon Rd

City

Woodbridge

State

CT

Zip Code

06525-1916

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OB/GYN &amp; MENOPAUSE PHYSICIANS PC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.02

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	5

**Transaction ID : 66452100**

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

**B. Richard E Moon MD**Mailing Address Duke Medical Center  
Box 3094

City

Durham

State

NC

Zip Code

27710-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DUKE UNIVERSITY

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	5

**Transaction ID : 66518249**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Philip Hayden White MD**

Mailing Address PO Box 879

City

Sulphur Spgs

State

TX

Zip Code

75483-0879

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UC PHYSICIANS NEUROLOGY

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	5

**Transaction ID : 66518253**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1208.33

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Shady S. Henien MD**Mailing Address 6 Raymond St  
# 3

City	State	Zip Code
Stratford	CT	06614-5228

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BRIDGEPORT HOSPITAL

Occupation

Resident

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	08	/	2015

**Transaction ID : 66683816**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Jared Alan Bell**Mailing Address 350 N Festival Dr  
Apt 101

City	State	Zip Code
El Paso	TX	79912-6204

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CHRISTUS SPOHN MEMORIAL HOSPITAL

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	08	/	2015

**Transaction ID : 66683817**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Jan Marie Kief MD**

Mailing Address 9501 Sand Hill Ct

City	State	Zip Code
Highlands Ranch	CO	80126-5266

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	08	/	2015

**Transaction ID : 66683818**

Amount of Each Receipt this Period

141.67

**SUBTOTAL** of Receipts This Page (optional)..... ►

641.67

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 125 OF 137

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Mr. Brian Joseph Gavitt MD**

Mailing Address 1501 Stone Ln

City

Glendale

State

CA

Zip Code

91202-1001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Medical Student

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2015

**Transaction ID : 66683819**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mrs. Sharon M. Robinson**

Mailing Address 3211 25th Street

City

Lubbock

State

TX

Zip Code

79410-2135

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Physician Spouse

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2015

**Transaction ID : 66683820**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Allan Arthur Anderson MD**

Mailing Address 545 Cynwood Dr

City

Easton

State

MD

Zip Code

21601-3868

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNIVERSITY OF MARYLAND SHORE MEDICAL CENTER

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2015

**Transaction ID : 66683821**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

600.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 126 OF 137

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Allan Arthur Anderson MD**

Mailing Address 545 Cynwood Dr

City  
EastonState  
MDZip Code  
21601-3868FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNIVERSITY OF MARYLAND SHORE MEDICAL CENTER

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	5

**Transaction ID : 66683822**

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**B. Theodore Spirtos MD**

Mailing Address 8040 Eastbrooke Trl

City  
PolandState  
OHZip Code  
44514-5366FEC ID number of contributing  
federal political committee.

C

Name of Employer

TRUMBULL MEMORIAL HOSPITAL

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	5

**Transaction ID : 66683823**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. William Walter Pond MD**

Mailing Address 5734 Coventry Ln

City  
Fort WayneState  
INZip Code  
46804-7141FEC ID number of contributing  
federal political committee.

C

Name of Employer

ASSOCIATED ANESTHESIOLOGISTS FORT WAYNE

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	5

**Transaction ID : 66683824**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1400.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 127 OF 137  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Paul H Wick MD**

Mailing Address 2002 Canberra Ct

City	State	Zip Code
Tyler	TX	75703-5802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EAST TEXAS MEDICAL CENTEROccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		08		2015

**Transaction ID : 66683825**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mrs. Camille M. Pond RN**

Mailing Address 5730 Autumn Woods Trl

City	State	Zip Code
Fort Wayne	IN	46835-4608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/AOccupation  
Physician Spouse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		08		2015

**Transaction ID : 66683826**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Christie Lynn Morgan MD**Mailing Address 141 High St  
Unit 3

City	State	Zip Code
Charlestown	MA	02129-3035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BOSTON MEDICAL CENTEROccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		08		2015

**Transaction ID : 66683827**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1500.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 128 OF 137

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Oran Lee Berkenstock MD**

Mailing Address 3109 Walnut Grove Rd

City

Memphis

State

TN

Zip Code

38111-3509

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PRIMARY CARE SPECIALISTS INC

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		08		2015

**Transaction ID : 66683828**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Kay Denise Spong Lozano MD**

Mailing Address 5991 S High Ct

City

Centennial

State

CO

Zip Code

80121-2654

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RADIOLOGY IMAGING ASSOCIATES PC

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		08		2015

**Transaction ID : 66683829**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Michael Bowen Hoover MD**Mailing Address 520 Mary St Ste 520  
Evansville Surgical Assoc

City

Evansville

State

IN

Zip Code

47710-1682

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EVANSVILLE SURGICAL ASSOCIATES INC

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		08		2015

**Transaction ID : 66683830**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

2000.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 129 OF 137

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Jason Wayne Sharp MD**

Mailing Address 1820 Preston Park Blvd  
Ste 1825

City State Zip Code  
Plano TX 75093-5215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JOHNS HOPKINS HOSPITAL

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
06 / 08 / 2015

**Transaction ID : 66683831**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Betty Shuwein Chu MD**

Mailing Address 233 Warrington Rd

City State Zip Code  
Bloomfield MI 48304-2952

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1916.65

Date of Receipt

MM / DD / YYYY  
06 / 08 / 2015

**Transaction ID : 66683832**

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

**c. Christopher Robin Mart MD**

Mailing Address 100 N Mario Capecchi Dr  
Ste 1500

City State Zip Code  
Salt Lake Cty UT 84113-1103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PRIMARY CHILDREN'S HOSPITAL

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

MM / DD / YYYY  
06 / 24 / 2015

**Transaction ID : 66696241**

Amount of Each Receipt this Period

0.00

**[MEMO ITEM]**

Refund(s) on Schedule B Totalling \$100.00 This changes the YTD Total to \$0.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

2500.00

**TOTAL** This Period (last page this line number only)..... ►

82218.88

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 130 OF 137  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. PNC ADVISORS**

Mailing Address PO BOX 96211

City  
WashingtonState  
DCZip Code  
20090FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

67.33

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	5

**Transaction ID : 66683890**

Amount of Each Receipt this Period

6.34

Interest

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6.34

6.34

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

## A. FIRST NATIONAL MERCHANT SOLUTIONS

Transaction ID : 66683891

001

Category/  
Type

2506.37

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

### Credit Card Bank Charges

**B.**

Candidate Name

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

**C.**

Candidate Name

A diagram of a rectangular frame. It consists of a horizontal beam at the top and a horizontal beam at the bottom, connected by two vertical supports on the left and right. The top beam has several small rectangular protrusions along its length. The bottom beam has several small rectangular protrusions along its length, with the middle one being larger than the others.

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

2506.37

2506.37

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 132 OF 137

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. TRUST PAC - Team Republicans for Utilizing Sensible Tactics**Mailing Address 228 S. Washington St  
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
2015 Contribution

Candidate Name

**TRUST PAC - Team Republicans for Utilizing Sensible Tactics**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2015

**Transaction ID : 66040256**

Amount of Each Disbursement this Period

5000.00
---------

2015 Contribution

Full Name (Last, First, Middle Initial)

**B. National Republican Senatorial Committee**

Mailing Address 425 Second Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
2015 Contribution

Candidate Name

**National Republican Senatorial Committee**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		11		2015

**Transaction ID : 66235290**

Amount of Each Disbursement this Period

15000.00
----------

2015 Contribution

Full Name (Last, First, Middle Initial)

**C. BLUE DOG POLITICAL ACTION COMMITTEE**

Mailing Address 6849 OLD DOMINION DRIVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
Void - BLUE DOG POLITICAL ACTION COMMITTEE

Candidate Name

**BLUE DOG POLITICAL ACTION COMMITTEE**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		12		2015

**Transaction ID : 66240900**

Amount of Each Disbursement this Period

-5000.00
----------

Void - BLUE DOG POLITICAL ACTION COMMITTEE

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 133 OF 137

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. BLUE DOG POLITICAL ACTION COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		12		2015

Mailing Address 6849 OLD DOMINION DRIVE

City	State	Zip Code
MCLEAN	VA	22101

**Transaction ID : 66240974**Purpose of Disbursement  
2015 Contribution

011

Amount of Each Disbursement this Period

5000.00
---------

Candidate Name

**BLUE DOG POLITICAL ACTION COMMITTEE**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

2015 Contribution

Full Name (Last, First, Middle Initial)

**B. SHORE PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2015

Mailing Address PO Box 3157

City	State	Zip Code
Long Branch	NJ	07740

**Transaction ID : 66246411**Purpose of Disbursement  
2015 Contribution

011

Amount of Each Disbursement this Period

2500.00
---------

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

2015 Contribution

Full Name (Last, First, Middle Initial)

**C. Dold For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2015

Mailing Address PO Box 6312

City	State	Zip Code
Libertyville	IL	60048

**Transaction ID : 66246412**Purpose of Disbursement  
2016 Primary

011

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

**Rep. Robert J. Dold**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL

District: 10

2016 Primary

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 134 OF 137

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Pascrell For Congress**

Mailing Address P.O. Box 100

City	State	Zip Code
Teaneck	NJ	07666

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Rep. William J. Pascrell Jr.**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NJ District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2015

**Transaction ID : 66246434**

Amount of Each Disbursement this Period

2500.00
---------

2016 Primary

Full Name (Last, First, Middle Initial)

**B. Richard Burr Committee; The**

Mailing Address Post Office Box 5928

City	State	Zip Code
Winston-Salem	NC	27113

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Sen. Richard M. Burr**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2015

**Transaction ID : 66246445**

Amount of Each Disbursement this Period

1500.00
---------

2016 Primary

Full Name (Last, First, Middle Initial)

**C. Michael Burgess For Congress**

Mailing Address PO Box 2334

City	State	Zip Code
Denton	TX	76202

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Rep. Michael C. Burgess M.D.**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2015

**Transaction ID : 66246480**

Amount of Each Disbursement this Period

2000.00
---------

2016 Primary

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Ryan For Congress, Inc.**

Mailing Address PO Box 1488

City	State	Zip Code
Janesville	WI	53547

Purpose of Disbursement  
2016 Primary

Candidate Name

**Rep. Paul D. Ryan**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

**Transaction ID : 66246481**

Amount of Each Disbursement this Period

5000.00
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2016 Primary

Full Name (Last, First, Middle Initial)

**B. Butterfield For Congress**

Mailing Address PO Box 2571

City	State	Zip Code
Wilson	NC	27894

Purpose of Disbursement  
2016 Primary

Candidate Name

**Rep. George K. Butterfield**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

**Transaction ID : 66249067**

Amount of Each Disbursement this Period

1000.00
---------

2016 Primary

Full Name (Last, First, Middle Initial)

**C. Ami Bera For Congress**

Mailing Address PO Box 582496

City	State	Zip Code
Elk Grove	CA	95758

Purpose of Disbursement  
2016 Primary

Candidate Name

**Amerish Bera**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	19	/	2015

**Transaction ID : 66310635**

Amount of Each Disbursement this Period

4000.00
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2016 Primary

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

10000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 136 OF 137

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Clarke For Congress**

Mailing Address 111-36 200th. Street

City	State	Zip Code
Hollis	NY	11412

Purpose of Disbursement  
2016 Primary

Candidate Name

**Ms. Yvette Clarke**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: NY	District: 09

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		19		2015

**Transaction ID : 66310636**

Amount of Each Disbursement this Period

1000.00
---------

2016 Primary

Full Name (Last, First, Middle Initial)

**B. Louise Slaughter Re-Election Committee**

Mailing Address PO Box 30632

City	State	Zip Code
Rochester	NY	14603

Purpose of Disbursement  
2016 Primary

Candidate Name

**Rep. Louise McIntosh Slaughter**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: NY	District: 25

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		19		2015

**Transaction ID : 66310638**

Amount of Each Disbursement this Period

1000.00
---------

2016 Primary

Full Name (Last, First, Middle Initial)

**C. Ryan Costello For Congress**

Mailing Address PO Box 3154

City	State	Zip Code
West Chester	PA	19381

Purpose of Disbursement  
2016 Primary

Candidate Name

**Mr. Ryan Costello**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: PA	District: 06

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		19		2015

**Transaction ID : 66310639**

Amount of Each Disbursement this Period

1000.00
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2016 Primary

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 137 OF 137

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Hoyer For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		22		2015

Mailing Address 700 13th Street, Nw  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
2016 Primary

011

**Transaction ID : 66313897**

Amount of Each Disbursement this Period

5000.00
---------

Candidate Name

**Rep. Steny H. Hoyer**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President  
State: MD District: 05Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

2016 Primary

Full Name (Last, First, Middle Initial)

**B. Jeff Fortenberry For United States Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2015

Mailing Address PO Box 30265

City Lincoln State NE Zip Code 68503

Purpose of Disbursement  
2016 Primary

011

**Transaction ID : 66317122**

Amount of Each Disbursement this Period

1000.00
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Candidate Name

**Rep. Jeff Fortenberry**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President  
State: NE District: 01Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

2016 Primary

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Mailing Address

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00

48500.00